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CABINET FOR HEALTH  
AND FAMILY SERVICES

**Commonwealth of Kentucky**  
**KY Medicaid**

**KYHealthNet Professional**  
**User Manual**

Version 5.1  
February 14, 2023

## Revision History

Document Version	Date	Name	Comments
1.0	04/27/2010	EDI	Created.
1.1	06/09/2010	Suzanne Willson Ron Chandler	Revised per request.
1.2	06/10/2010	Suzanne Wilson Ron Chandler	Removed PHI from images.
1.3	10/8/2010	Stayce Towles	Updated
1.4	10/5/2010	Stayce Towles Ron Chandler	Revised.
1.5	10/14/2010	Stayce Towles Ron Chandler	Revised.
1.6	10/18/2010	Martha Senn Ron Chandler	DMS approved 10/18/2010.
1.7	12/08/2010	Ann Murray	Global corrections and changes.
1.8	12/09/2011 12/15/2011	Brenda Orberson Ann Murray	Updated screen shots.  Pg. 90, field 14 – changed EPSDT/Family Planning to EPSDT.
1.9	02/14/2013	Martha Senn Keri Hicks	CO 19321 – Updated Member Eligibility Verification screen and the Managed Care 5 year History screen. CO 19280 – Inserted Adjusted Primary Care Attestation screens.
2.0	02/14/2013	Keri Hicks	Finalized Tech Writer Updates. DMS Approved 02/14/2013.
2.1	02/26/2013	Martha Senn	Update to Adjusted Primary Care Attestation information by provider type.
2.2	03/04/2013	Keri Hicks	Finalized Tech Writer Updates. DMS Approved 03/01/2013.
2.3	6/20/2013	Martha Senn	CO – 19925 Update to Adjusted Primary Care Attestation screen shot eligibility period for adjusted rates.  CO – 20055 Lockin, comment If member has MCO eligibility.

Document Version	Date	Name	Comments
2.3	7/1/2013	Martha Senn	Finalized: DMS approved 7/1/2013.
2.4	7/3/2013	Martha Senn	CO 19849 Supplemental claim inquiry for Primary Care and Rural Health Providers.
2.5	7/15/2013	Martha Senn	New eligibility screens with ACA changes.
2.6	10/29/2013	Martha Senn	Updates for ADO.
2.7	12/12/2013	Jamie Redmon	Updates for EFT.
2.8	12/27/2013	Jamie Redmon	Updates for PE and Eligibility Group.
2.9	01/08/2014	Jamie Redmon	Replacing Screen Shots for Eligibility Group.
3.0	5/6/2014	Jamie Redmon	Updating Attestation Form per CO 19856.
3.0	5/29/2014	Martha Senn	DMS approved.
3.1	7/25/2014	Martha Senn	Updates to screen shots.
3.2	8/4/2014	Martha Senn	Updates to PA screen shots and Claim billing codes.
3.2	8/20/2014	Martha Senn	DMS approved.
3.3	8/27/2014	Martha Senn	CO 22265 and 22673 Provider Status Information screen shots.
3.3	9/2/2014	Martha Senn	DMS approval.
3.4	12/16/2014	Martha Senn	CO 23838 removal of Attestation screenshots. DMS approved 12/19/2014.
3.5	2/11/2015	Martha Senn	Updates to screen shots, removal of ADO and EFT. DMS approved 3/31/2015.
3.6	6/24/2015	Martha Senn	Removal of PE screen shots.
3.7	7/24/2015	Martha Senn	Removal of BCCTP screen shots.
3.8	8/28/2015	Martha Senn	Update screen shots for Suspension / Disenrollment status pages 36 and 37.
3.9	9/24/2015	Martha Senn	Updated eligibility verification screenshots for CO 25433. DMS approved 10/6/2015.
4.0	12/12/2016	Martha Senn	Removed all ADO screen shots, CO 27164. DMS approved 12/9/2016.

Document Version	Date	Name	Comments
4.1	3/21/2017	Martha Senn	CO 26242 ORP added new screenshots to Professional Claim example. DMS approved 3/21/2017.
4.2	2/20/2018	Martha Cohorn	CO 28561 removal of MAP 552.
4.3	12/21/2018	Megan Freeman	Updated section 1.4 and log in screenshot, on page 6, to reflect updated billing agent information. DMS Approved 1/8/2019.
4.4	10/14/2019	Jamie Redmon Megan Freeman	Updates to multiple screens and pages due to multiple change orders. DMS Approved: 06/30/2020
4.5	2/8/2021	Megan Freeman/ Annette Jimmerson	Update to claim pages due to KYHealthNet claim attachments, CO30588
4.6	5/13/2021	Annette Jimmerson	CO 31255 Missed/Cancelled Member Appointments CO 30956 - KYH changes for EDI claim Attachments
4.7	10/19/2021	Annette Jimmerson	CO 33083 KHN-CHFS New Logo and Presentation Template 2021
4.8	01/25/2022	Annette Jimmerson	CO 33020 Display Medicare Part C info to KYHealthNet CO 32804 KYHealthnet_Report generation for PT 31/35 & MCO CO 33093 Missed Cancelled New Fields Added
4.9	09/28/2022	Annette Jimmerson	CO 32466 Display member PACE information on KYHealthNet CO 33388 Update KYH copay verbiage for providers CO 33724 Updates to the Claim Summary Screen CO 33731 PT 31,35 & 16 -KY Healthnet-Threshold report CO 33769 Modify number lines Supplemental Claims Report CO 33917 KHN-Create System wide Logo update School Based Services section added
5.0	12/15/2022	Annette Jimmerson	CO 34076 KHN - CLIA Addition

<b>Document Version</b>	<b>Date</b>	<b>Name</b>	<b>Comments</b>
5.1	2/14/2023	Megan Freeman	CO 34062 KHN-Add Medicare Copay Field

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## 1 Introduction

### 1.1 What is MEUPS?

MEUPS is an acronym for the Medicaid Enterprise User Provisioning System. It is a single sign-on system that allows users to access multiple applications via a single username and password. What that means to Kentucky Medicaid Providers is that you can manage your own account, as well as any agent account which you have granted access. You will not see the word *MEUPS* on your screen, but you may hear someone refer to your MEUPS account. It is the same thing as your KYHealth Choices account.

### 1.2 How Do I Use this System?

When you log in, you will see the KYHealth Choices Home Page, and any applications available to you, including Account Management, Authorization Request, KYHealthNet, and EMAX on your menu.

Link	Functions for All Users	Functions for Provider Admin Only	Functions for Billing Agents Only
Account Management	Allows you to manage your personal information, change your security question / answer, and reset your password.	Allows you to view agents with access to your account and add an agent to your account.	None
KYHealthNet	Allows user to submit claims, PA requests, check eligibility, etc.	Functions are limited to those that are applicable to the Provider type.	Functions are limited to those authorized by the Provider Administrators.
EMAX	None	Functions are limited to those that are applicable to the Provider type.	Functions are limited to those authorized by the Provider Administrators.

### 1.3 What is a Provider Administrator?

A Provider Administrator has control of a Provider's account and can grant access to Billing Agents. A Personal Identification Number (PIN) is required to set up a Provider Administrator account, and only one Provider Administrator account can exist for each Kentucky Medicaid provider number.

### 1.4 What is a Billing Agent?

A Billing Agent is an account holder who works on behalf of a Provider but is not the Provider Administrator. In other words, the Billing Agent may submit claims on behalf of the Provider, but only if the Provider Administrator has granted access to the Billing Agent. A single Billing Agent may work on behalf of multiple providers. An individual may obtain a Billing Agent account to access claims submission, eligibility, etc. by contacting their Provider Administrator who can create their account and grant proper access.



## 1.5 What is a PIN Number?

Each Kentucky Medicaid Provider has been issued a Personal Identification Number (PIN) which can be used to set up an account. This PIN is the key that “unlocks” the account initially. Instructions for obtaining the PIN are in the next section of this document.

### 1.5.1 Creating a New Provider User Account for KYHealthNet

The user creating the KYHealthNet account should be the office manager or someone deemed responsible for accessing provider information. A PIN number is required to create a user account. The Electronic Data Interchange (EDI) Helpdesk will assign a PIN number to each KY Medicaid provider ID.

### 1.5.2 How to Obtain a PIN Number

1. Go to the KY Medicaid Website, [www.kymmis.com](http://www.kymmis.com).
2. Click **Electronic Claims**.
3. Click **EDI Forms**.
4. Click **PIN Release Form**.
5. Complete the attached PIN Release form and return it to the EDI Helpdesk along with a copy of a valid driver's license via e-mail or fax. Include your phone number and e-mail address and someone will contact you with your PIN and website information.
  - a. Fax your PIN Release form to: 502-209-3200
  - b. E-mail your form to: [KY\\_EDH\\_Helpdesk@dxc.com](mailto:KY_EDH_Helpdesk@dxc.com)

The DXC EDI department will respond within 2 business days via email.

The PIN release email example is below:

**From:** [Jane.doe@dxc.com](mailto:Jane.doe@dxc.com)  
**Sent:** Monday, August 9, 2019 10:30 AM  
**To:** [Daisy.Duck@anywhere.com](mailto:Daisy.Duck@anywhere.com)  
**Subject:** KY Medicaid PIN release request

**To create a KYHealthNet account use the following information:**

**Provider ID = XXXXXXXXXX**

**PIN # = XXXXXXXXXX**

To create a KYHealthNet account, access <https://public.kymmis.com/pinletter/>

To access the user account: <http://home.kymmis.com/>

**The password expires every 30 days. A reminder is sent on the 20th day to update the password. To change your password, click Account Management, Change my password.**

**In the future you can do the following: If the account user password is expired, click the 'Forgot my password' button on the sign in page under password to complete a password update. This function only works if a security question is linked to the account. If you have questions, contact the EDI Helpdesk at 800.205.4696 or [KY\\_EDH\\_Helpdesk@dxc.com](mailto:KY_EDH_Helpdesk@dxc.com).**

### 1.5.3 Using the PIN to Create a New Account

1. Enter the provider ID (KY Medicaid provider ID or Group ID).
2. Enter the PIN number assigned.

**Create New Account**

Enter your Provider ID and temporary PIN provided to you in the letter.

Provider ID

PIN

**Sign In**

KyHealth Choices  
Account Migration

Individuals with Disabilities

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A **User Agreement to Terms of Service** window will display.

3. Click the **Yes, I agree** or **No, I do not agree** button.

**Create New Account**

You must agree to the terms below before creating an account.

**USER AGREEMENT**

This User Account Agreement (hereinafter "Agreement"), effective today, is made by and between the Commonwealth of Kentucky Cabinet for Health and Family Services ("CHFS"), Department of Medicaid Services ("DMS"), and users who sign up for an account on this website (hereinafter "User"), the aforementioned being a licensed health care provider or an entity who acts on behalf of a licensed health care provider.

WHEREAS, User renders certain professional health care services ("Services") to members of employer groups and individuals, and submits documentation of those Services to DMS; and,

WHEREAS, DMS, in its implementation of the Medicaid program in Kentucky, provides to health care companies such as User a System of operational and informational support to respond to provider inquiries to exchange certain claims and billing information through electronic communications and through the Internet (hereinafter the "System");

WHEREAS, while performing its services User may be given access to, or may be exposed to, certain confidential or Individually Identifiable Health Information or Protected Health Information ("PHI") as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 Code of Federal Regulations Parts 160-164, and applicable regulations that implement Title V of the Gramm-Leach-Bliley Act, 15 U.S.C. §6801, *et seq.* (the "GLB Regulations");

WHEREAS, User desires to utilize the System provided by DMS, and DMS desires to provide the System and related services and support to User, as defined and according to

Do you agree to the terms of service as stated above?

**Yes, I agree.** | **No, I do not agree.**

4. Enter the data on the **Create New Account** form.

### Create New Account

<b>First Name</b>	<input type="text" value="hp instit"/>
<b>Middle Name</b>	<input type="text"/>
<b>Last Name</b>	<input type="text" value="KYHealthnet"/>

<b>Address Line 1</b>	<input type="text" value="656 Chamberlin Ave"/>
<b>Address Line 2</b>	<input type="text" value="edi"/>
<b>City</b>	<input type="text" value="frankfort"/>
<b>State</b>	<input type="text" value="ky"/>
<b>Zip Code</b>	<input type="text" value="40601"/>

<b>Phone Number</b>	<input type="text" value="800-205-4696"/>
---------------------	---

<b>E-Mail Address</b>	<input type="text"/>
<b>E-Mail Address (verify)</b>	<input type="text"/>

<b>Provider ID</b>	<input type="text"/>
<b>Provider NPI</b>	<input type="text"/>
<b>Provider Taxonomy ID</b>	<input type="text"/>
<b>Trading Partner ID</b>	<input type="text"/>

<b>E-Mail Address</b>	<input type="text"/>
<b>E-Mail Address (verify)</b>	<input type="text"/>

<b>Provider ID</b>	<input type="text"/>
<b>Provider NPI</b>	<input type="text"/>
<b>Provider Taxonomy ID</b>	<input type="text"/>
<b>Trading Partner ID</b>	<input type="text"/>

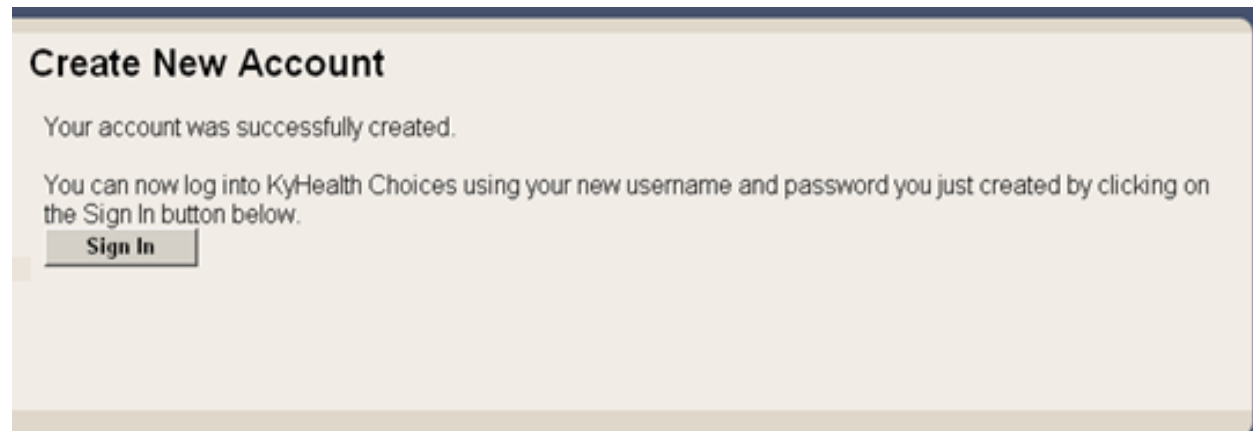
<b>Username</b>	<input type="text" value="hpinst"/>
<b>Password</b>	<input type="password" value="*****"/>
<b>Password (verify)</b>	<input type="password" value="*****"/>

**Select a security question from the list below and provide an answer that you will remember.**  
 This question will help the Help Desk verify your identity if you need assistance.

<b>Question</b>	<input type="text" value="In what city were you born? (Enter full name of city only)"/>
<b>Answer</b>	<input type="text" value="frankfort"/>

\* indicates required field.

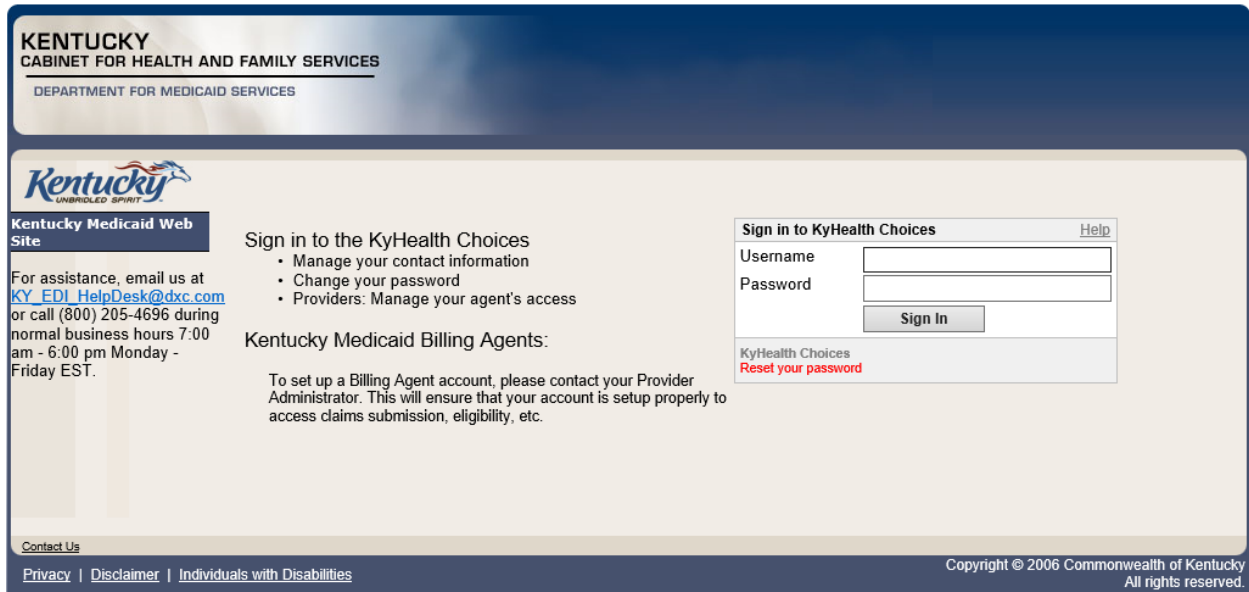
The **Your account was successfully created** window will display.



## 2 Signing into KYHealth Choices

### 2.1 Sign into KYHealth Choices

1. Access <https://home.kymmis.com>
2. Enter the username and password.



**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

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**Kentucky Medicaid Web Site**

For assistance, email us at [KY\\_FDI\\_HelpDesk@dxc.com](mailto:KY_FDI_HelpDesk@dxc.com) or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Sign in to the KyHealth Choices

- Manage your contact information
- Change your password
- Providers: Manage your agent's access

**Sign in to KyHealth Choices** [Help](#)

Username

Password

KyHealth Choices  
[Reset your password](#)

**Kentucky Medicaid Billing Agents:**

To set up a Billing Agent account, please contact your Provider Administrator. This will ensure that your account is setup properly to access claims submission, eligibility, etc.

Contact Us

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## 2.2 Accessing User Applications

The Administrator to the provider account can view or add agents. An agent has limited access to change passwords or update security questions.

1. Click **Account Management** under **Application**.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

**KyHealth Choices Home** Sign Out

Friday 23 January 2015 11:29 am

**Jane Doe, Welcome to KyHealth Choices**

Applications	
Application	Description
<a href="#">Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">KYHealthNet</a>	Eligibility Verification, Claims submission and inquiry, Presumptive Eligibility, RA Viewer.

Messages	
Date	Message
1/12/2015	Providers are now able to view Confirmation notices, Lack of Information and Denial letters online, via KYHealth Net, through <a href="https://home.kymmis.com/home">https://home.kymmis.com/home</a> . Select PA from the top menu and then select the option titled Carewise Prior Authorization Letter. This will allow you to search for, save or print a copy of the letter. You must be the provider the letter was issued to in order to view and print the letter.
11/17/2014	Effective December 1, 2014, Licensed Professional Art Therapists and Applied Behavior Analysts applications will be accepted. However, these two new provider types will not be allowed to enroll until January 1, 2015. The enrollment requirements can be found on the Provider Enrollment website located at <a href="http://www.chfs.ky.gov/dms/provEnr/">http://www.chfs.ky.gov/dms/provEnr/</a>

The **Account Management** screen displays.

The functionality available is:	
<b>Account Home</b>	Click and return to the home page (Admin and Agent).
<b>My Information</b>	Allows the user to update the address, phone number, and security question (Admin and Agent).
<b>View Agent Roles</b>	Allows the provider administrator to view the roles granted to an agent.
<b>Change Password</b>	Allows the user to change the current password (Admin and Agent).
<b>Add Agent</b>	Allows the provider administrator to add agents.

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Account Home My Information Change Password View Agent Roles Add Agent

Close Application

### Account Home

KyHealth Choices

Kentucky Medicaid Web Site

For assistance, email us at [KY\\_FDI\\_HelpDesk@dxc.com](mailto:KY_FDI_HelpDesk@dxc.com) or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

Good morning Jane Doe.

**Please select a button above to view or edit your account.**

Jane Doe

janedoe@janedoe.com

Last Accessed: 10/24/2019 11:27:55 AM

Last Password Change: 10/24/2019 11:27:55 AM  
Your password will expire in 30 days.

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2. Click the **My Information** button and the following screen displays.
3. Scroll down to the **Security Question & Answer** section.
4. Review current security question/answer or select a new security question and enter an answer.
5. Click **Save** to record any changes.

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Account Home My Information Change Password View Agent Roles Add Agent

Close Application

### My Information

Use this page to modify your account information. When finished, click the Save button at the bottom of the screen.

Name

First Name Jane

Middle Name

Last Name Doe

Contact

Address Line 1

Address Line 2

City

State

Zip Code

Phone Number

E-Mail Address janedoe@janedoe.com

Security Question & Answer

Select a security question from the list below and provide an answer that you will remember. This question will help the Help Desk verify your identity if you need assistance.

Question In what city were you born? (Enter full name of city only)

Answer

Cancel Save

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## 2.2.1 How to Change the Password

The account password expires every 30 days. A pink banner will display on the Home page showing the days remaining to password expiration beginning with 10. The user will receive an email notification from MEUPS prior to the expiration on the 20<sup>th</sup> day.

1. Click the **Change Password** button.
2. Complete the form
3. Click the **Change Password** button.

The screenshot shows the 'Change Password' form on the KYHealthNet website. The page header includes 'Kentucky.gov', 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES', and navigation buttons for 'Account Home', 'My Information', and 'Change Password'. The form itself is titled 'Change Password' and contains the following elements:

- Instructions:** 'Fill out the form below to change your password. A password must be at least 8 characters in length and contain at least one of each:'
- Requirements:**
  - uppercase letter
  - lowercase letter
  - numeric digit
  - special character (eg. ~!@#%, etc.)
- Additional Rules:**
  - be no more than 12 characters
  - not be repeated
- Form Fields:** Three input fields labeled 'Old Password', 'New Password', and 'New Password (verify)'. The 'New Password' field is highlighted with a pink banner.
- Buttons:** 'Cancel' and 'Change Password' buttons.
- Footer:** 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2007 Commonwealth of Kentucky All rights reserved.'



## 2.2.2 Email Examples of Password Reminder and Account Change Notification

**From:** MEUPS Automated Mailer [mailto:MEUPS\_DoNotReply@email.kymmis.com]  
**Sent:** Friday, July 16, 2019 1:30 PM  
**To:** Doe, Jane  
**Subject:** PASSWORD EXPIRATION REMINDER: 10 days left  
**Sensitivity:** Confidential

Kentucky user Jane Doe,

Your Medicaid system account password will expire in 10 days on Monday, July 26, 2010. Please change your password before then to ensure uninterrupted system access.

Please contact the EDI helpdesk at [KY EDI HelpDesk@dxc.com](mailto:KY_EDI_HelpDesk@dxc.com) or call (800) 205-4696 between 7:00 am - 6:00 pm Monday - Friday EST should you have questions regarding this notification.

Medicaid Enterprise Users Provisioning System

MO

**From:** MEUPS Automated Mailer [mailto:MEUPS\_DoNotReply@email.kymmis.com]  
**Sent:** Wednesday, August 18, 2019 2:00 PM  
**To:** Doe, Jane  
**Subject:** ACCOUNT CHANGE NOTIFICATION  
**Sensitivity:** Confidential

Kentucky user Jane Doe,

KYHealth Choices sends you this account change notification for your information. No action on your part is required. The following changes have been made recently against your systems account:

Date of Change	Description
Aug 18 2019 1:30PM	Account access has been reinstated
Aug 18 2019 1:32PM	Password changed

Please contact the EDI helpdesk at [KY EDI HelpDesk@dxc.com](mailto:KY_EDI_HelpDesk@dxc.com) or call (800) 205-4696 between 7:00 am - 6:00 pm Monday - Friday EST if you have questions about any of these changes.

KYHealth Choices

## 2.3 Viewing Agent Roles

Provider Administrators and Billing Agents have the ability to add agents to an account, giving them access to submit claims, check claim status, check eligibility, or perform other functions on behalf of the provider. Clicking **View Agent Roles** will allow a Provider Administrator or Billing Agent to see the agents associated with an account. If no agents have been added, “No agents found” will appear.

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Close Application

Account Home My Information Change Password View Agent Roles Add Agent

### View Agent Roles

Use this screen to manage the roles for your agents.

To edit the user's permissions, select the user by browsing below.

**No agents found.**  
You are not sharing permissions to any agents. To begin the process of giving access to your agents, click on the Add Agent button above.

For assistance, email us at [KY\\_FD\\_HelpDesk@dkc.com](mailto:KY_FD_HelpDesk@dkc.com) or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.

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## 2.4 Add an Agent or New Employee

Provider Administrators and Billing Agents have the ability to add agents to an account, giving them access to submit claims, check claim status, check eligibility, or perform other functions on behalf of the provider. Clicking **Add Agent** allows a Provider Administrator or Billing Agent to add an agent to the account.

The screenshot shows a web application interface for the Kentucky Cabinet for Health and Family Services. The header includes the Kentucky.gov logo and the text 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES'. Below the header is a navigation bar with buttons for 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. The 'Add Agent' button is highlighted. To the right of the navigation bar is a 'Close Application' button. The main content area is titled 'Add Agent' and contains the following text: 'Use this screen to add access to an agent for your application.' and 'Enter the email address of the agent you are adding access to your application and click search.' Below this text is a text input field and a 'Search' button. On the left side of the main content area, there is a sidebar with the following links: 'KyHealth Choices', 'Kentucky Medicaid Web Site', and contact information: 'For assistance, email us at [KY\\_FDI\\_HelpDesk@dxc.com](mailto:KY_FDI_HelpDesk@dxc.com) or call (800) 205-4696 during normal business hours 7:00 am - 6:00 pm Monday - Friday EST.' At the bottom of the page, there is a footer with 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2007 Commonwealth of Kentucky All rights reserved.'

### 2.4.1 No Email Address Found: Create Username

The Provider Administrator or Billing Agent may search for an existing agent by entering the email address of the agent and clicking **Search**. If no agent is found, the screen below will appear, allowing the user to create an Agent account and associate that agent with the Provider account.

1. Complete the fields boxed in red below.
2. Click the **Add & Manage Agent** button.

The screenshot shows the 'Add Agent' page in the KYHealthNet system. At the top, there are navigation tabs: 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. The 'Add Agent' tab is selected. Below the tabs, there is a search section with a text input field and a 'Search' button. A message states: 'An agent with the email address you specified was not found in the system. Please verify that the address is correct.' Below this, a section titled 'Fill out the fields below with the agent's information to create a new agent account in the system.' contains a form with the following fields: 'Email Address', 'Email Address (verify)', 'First Name', 'Last Name', 'Username', and 'Phone'. This entire form section is enclosed in a red rectangular box. At the bottom of the form is an 'Add & Manage Agent' button. The footer of the page includes 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and 'Copyright © 2007 Commonwealth of Kentucky All rights reserved.'

3. The Agent Account Created window appears.

This screenshot shows the same 'Add Agent' page as the previous one, but with a dialog box overlaid on top. The dialog box has a yellow background and a warning icon (a triangle with an exclamation mark). The text inside the dialog box reads: 'Agent Account Created. You have successfully created a new agent account. Your agent will receive instructions via email on how to set their password.' There is an 'OK' button at the bottom of the dialog box. In the background, the 'Add Agent' form is visible, with the 'Email Address' field containing 'hptest1' and the 'Phone' field containing '300-205-4696'. The 'Add & Manage Agent' button is also visible at the bottom of the form.

4. User will receive an email as shown below.

Automated MEUPS email example:

**From:** MEUPS Automated Mailer [mailto:MEUPS\_DoNotReply@email.kymmis.com]  
**Sent:** Friday, July 16, 2019 1:30 PM  
**To:** Doe, Jane  
**Subject:** PASSWORD SETUP  
**Sensitivity:** Confidential

Kentucky user Jane Doe,

You have been sent this message because you have had a new Medicaid enterprise user account created on your behalf. Your new account username is:

DXCTest1

To establish your password, please visit the following URL and follow the on-screen instructions:

<https://public.kymmis.com/testexampleurlink>

Please contact the EDI helpdesk at [KY EDI HelpDesk@dxc.com](mailto:KY_EDI_HelpDesk@dxc.com) or call (800) 205-4696 between 7:00 am - 6:00 pm Monday - Friday EST should you have questions regarding this notification.

Medicaid Enterprise Users Provisioning System

5. When the user clicks the link in the email (example above), the **Terms of Service User Agreement** window appears as shown below.

- The user must click **I agree** in order to proceed.

[Close Application](#)

## Terms of Service

You must agree to the terms below before delegating permissions.

### USER AGREEMENT

This User Account Agreement (hereinafter "Agreement"), effective today, is made by and between the Commonwealth of Kentucky Cabinet for Health and Family Services ("CHFS"), Department of Medicaid Services ("DMS"), and users who sign up for an account on this website (hereinafter "User"), the aforementioned being a licensed health care provider or an entity who acts on behalf of a licensed health care provider.

WHEREAS, User renders certain professional health care services ("Services") to members of employer groups and individuals, and submits documentation of those Services to DMS; and,

WHEREAS, DMS, in its implementation of the Medicaid program in Kentucky, provides to health care companies such as User a System of operational and informational support to respond to provider- inquiries to exchange certain claims and billing information through electronic communications and through the Internet (hereinafter the "System");

WHEREAS, while performing its services User may be given access to, or may be exposed to, certain confidential or Individually Identifiable Health Information or Protected Health Information ("PHI") as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 Code of Federal Regulations Parts 160-164, and applicable regulations that implement Title V of the Gramm-Leach-Bliley Act, 15 U.S.C. §6801, *et seq.* (the "GLB Regulations");

WHEREAS, User desires to utilize the System provided by DMS, and DMS desires to provide the System and related services and support to User, as defined and according to

Do you agree to the Terms of Service as stated above?

## 2.5 Manage Agent Roles

After an agent is associated with a Provider account, permissions or “roles” must be granted in order for that agent to act on the Provider’s behalf. To add roles for KYHealthNet (claims, eligibility, etc.), follow the instructions below.

1. Click the **KYHealthNet** link.

The screenshot shows a web application interface for managing agent roles. At the top, there is a navigation bar with buttons for 'Account Home', 'My Information', 'Change Password', 'View Agent Roles', and 'Add Agent'. A 'Close Application' button is located in the top right corner. Below the navigation bar, the main heading is 'Manage Agent Roles'. A descriptive text states: 'This page allows you to add and remove roles from the agent. Begin by selecting the system in which you want to view or modify the Agent’s access.' Below this text is a section titled 'Agent Details' containing a table with the following information:

Agent Details	
<b>Name</b>	edi test edi test
<b>Account Status</b>	Active
<b>Email Address</b>	
<b>Address</b>	
<b>Telephone</b>	800-205-4696
<b>Account Owner</b>	hp instit KYHealthnet (hpinst),

Below the table is a 'Remove All Roles' button. Below the button are two numbered instructions:

- 1 Select the system to modify access
- 2 Modify the permissions for selected system

Under instruction 1, there is a 'System' dropdown menu with two options: 'Account Management' and 'KYHealthNet'. The 'KYHealthNet' option is selected and highlighted. Under instruction 2, there is a 'Roles' dropdown menu which is currently empty.

2. Notice that section **2 Modify the permissions for KYHealthNet** opens.

3. Roles are granted or removed in this section.

Account Home
My Information
Change Password
View Agent Roles
Add Agent

### Manage Agent Roles

This page allows you to add and remove roles from the agent. Begin by selecting the system in which you want to view or modify the Agent's access.

**Agent Details**

Name	Jane Doe	Account Status	Active
Email Address	janedoe@yahoo.com		
Address			
Telephone			
Account Owner			

[Remove All Roles](#)

**1 Select the system to modify access**

System

- [Select](#) Account Management
- [Select](#) Electronic Prior Authorization
- [Select](#) KYHealthNet
- [Select](#) Magellan Web Portal
- [Select](#) Magellan Web Portal (resource partner URI)

**2 Modify the permissions for KYHealthNet**

Roles

- Card Issuance
- Claims Inquiry
- Claims Submission (Dental)
- Claims Submission (Institutional)
- Claims Submission (Professional)
- KenPAC Referral Confidential Message Inquiry
- KenPAC Referral Confidential Message Submit
- KenPAC Referral Inquiry
- KenPAC Referral Submit
- Eligibility Verification
- Electronic ADO
- Electronic EFT
- Provider Status
- LTC Claims
- PA Inquiry
- PA Submission
- Pharmacy History
- Presumptive Eligibility
- Pricing
- Ra Viewer
- TPL Carrier

[Create Screen Clipping](#)

4. Check the roles you wish to grant the agent.

5. Click the **Save Changes** button to save the modifications.



The screen returns **Successful adding role of ...**

### Manage Agent Roles

This page allows you to add and remove roles from the agent. Begin by selecting the system in which you want to view or modify the Agent's access.

- ✓ Successful adding 'Card Issuance' role for system 'KYHealthNet'
- ✓ Successful adding 'Claims Inquiry' role for system 'KYHealthNet'
- ✓ Successful adding 'Claims Submission (Institutional)' role for system 'KYHealthNet'
- ✓ Successful adding 'Eligibility Verification' role for system 'KYHealthNet'
- ✓ Successful adding 'Ra Viewer' role for system 'KYHealthNet'

Agent Details

<b>Name</b>	Jane Doe	<b>Account Status</b>	Active
<b>Email Address</b>	janedoe@yahoo.com		
<b>Address</b>			
<b>Telephone</b>			
<b>Account Owner</b>			

**1 Select the system to modify access**

System	
<a href="#">Select</a> Account Management	
<a href="#">Select</a> Electronic Prior Authorization	
<a href="#">Select</a> KYHealthNet	
<a href="#">Select</a> Magellan Web Portal	
<a href="#">Select</a> Magellan Web Portal (resource partner URI)	

**2 Modify the permissions for KYHealthNet**

Roles

- Card Issuance
- Claims Inquiry
- Claims Submission (Dental)
- Claims Submission (Institutional)
- Claims Submission (Professional)
- KenPAC Referral Confidential Message Inquiry
- KenPAC Referral Confidential Message Submit
- KenPAC Referral Inquiry
- KenPAC Referral Submit
- Eligibility Verification
- Electronic ADO
- Electronic EFT
- Provider Status
- LTC Claims
- PA Inquiry
- PA Submission
- Pharmacy History

(W)

### 3 Accessing KYHealthNet

KYHealthNet allows users to access Member eligibility and related functions, submit claims, adjust, or void claims, check claim status, check Prior Authorization requests, print Prior Authorization letters, view, or download remittance advice statements, and access other valuable information.

1. On the **KyHealth Choices Home** page, click the **KYHealthNet** link.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

**KyHealth Choices Home**

Friday 23 January 2015 11:29 am Sign Out

**Jane Doe, Welcome to KyHealth Choices**

Applications	
Application	Description
<a href="#">Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">KYHealthNet</a>	Eligibility Verification, Claims submission and inquiry, Presumptive Eligibility, RA Viewer.

Messages	
Date	Message
1/12/2015	Providers are now able to view Confirmation notices, Lack of Information and Denial letters online, via KYHealth Net, through <a href="https://home.kymmms.com/home">https://home.kymmms.com/home</a> . Select PA from the top menu and then select the option titled Carewise Prior Authorization Letter. This will allow you to search for, save or print a copy of the letter. You must be the provider the letter was issued to in order to view and print the letter.
11/17/2014	Effective December 1, 2014, Licensed Professional Art Therapists and Applied Behavior Analysts applications will be accepted. However, these two new provider types will not be allowed to enroll until January 1, 2015. The enrollment requirements can be found on the Provider Enrollment website located at <a href="http://www.chfs.ky.gov/dms/provEnr/">http://www.chfs.ky.gov/dms/provEnr/</a>

2. Select/verify the Provider's NPI/Taxonomy in the drop-down box.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Missed Appointments](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

**Provider Main Page**


Friday 9 April 2021 1:18 pm

Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Would you like to start receiving paper PA Letters also?

Last Updated: 3/30/2021

**NOTE:** The drop-down only appears if the user is an agent for multiple providers; otherwise, the agent will see only one provider's NPI/taxonomy in the box.

## 4 Functionality

Provider Administrators have access to all applicable functions on KYHealthNet. Billing Agents and Agents have access to only those functions granted them by the Provider Administrator. A Billing Agent or Agent may only perform the functions granted them by a given Provider Administrator while logged in under that provider's account.

For example, if an agent works on behalf of Dr. Smith and Dr. Jones, but the Agent does not have claim submission access for Dr. Jones, the claim submission function will not appear unless the agent has selected Dr. Smith's NPI/Taxonomy from the drop-down when logging in.

KYHealthNet offers the following functions:

<b>Menu Selection</b>	<b>Functions</b>
<b>Member</b>	Check eligibility, benefit issuance, spend down, patient liability, pharmacy history, and MCO member information.
<b>Claims</b>	Check claim status, submit claims, adjust paid claims, or void paid claims, and access to view MMIS EOB Codes.
<b>Prior Authorization (PA)</b>	Access PA information, download a PA letter, or lookup a PA number.
<b>Missed Appointments</b>	Enter Missed or Cancelled member appointments
<b>Provider References</b>	Access to provider resources on the DMS website.
<b>RA Viewer</b>	View and/or download your Remittance Advice.

The hyperlinks on the Home Page also offer quick access to commonly used functions.

## 5 Member Information

### 5.1 Member Benefit Issuance

1. Select **Member** from the menu.
2. Choose **Benefit Issuance** from the drop-down.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | Trade Files | RA Viewer | Logout

Wednesday 2 Oct 2019 10:58 AM


Welcome to the KY HealthNet Professional User Manual. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

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Last Updated: 9/10/2019

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3. Enter the Member ID or SSN# and click the **Search** button to find the Medicaid benefits issue date.

The benefit issuance dates include eligibility begin and end dates along with card type. An **R** in the retroactive column indicates the segment was issued retroactively.

Issue Date	Retroactive	Beginning Date	End Date	Type	Source	Currently Billable
01/22/2019		02/01/2019	03/01/2019	Managed Care	HMIDC	Yes
12/20/2018		01/01/2019	02/01/2019	Managed Care	HMIDC	Yes
11/21/2018		12/01/2018	01/01/2019	Managed Care	HMIDC	Yes
10/22/2018		11/01/2018	12/01/2018	Managed Care	HMIDC	Yes
09/19/2018		10/01/2018	11/01/2018	Managed Care	HMIDC	Yes
08/22/2018		09/01/2018	10/01/2018	Managed Care	HMIDC	Yes
07/20/2018		08/01/2018	09/01/2018	Managed Care	HMIDC	Yes
06/20/2018		07/01/2018	08/01/2018	Managed Care	HMIDC	Yes
05/22/2018		06/01/2018	07/01/2018	Managed Care	HMIDC	No
04/19/2018		05/01/2018	06/01/2018	Managed Care	HMIDC	No
03/21/2018		04/01/2018	05/01/2018	Managed Care	HMIDC	No
02/19/2018		03/01/2018	04/01/2018	Managed Care	HMIDC	No
01/22/2018		02/01/2018	03/01/2018	Managed Care	HMIDC	No
12/20/2017		01/01/2018	02/01/2018	Managed Care	HMIDC	No
11/21/2017		12/01/2017	01/01/2018	Managed Care	HMIDC	No
10/20/2017		11/01/2017	12/01/2017	Managed Care	HMIDC	No
09/20/2017		10/01/2017	11/01/2017	Managed Care	HMIDC	No
08/22/2017		09/01/2017	10/01/2017	Managed Care	HMIDC	No
07/20/2017		08/01/2017	09/01/2017	Managed Care	HMIDC	No
06/21/2017		07/01/2017	08/01/2017	Managed Care	HMIDC	No
05/22/2017		06/01/2017	07/01/2017	Managed Care	HMIDC	No
04/19/2017		05/01/2017	06/01/2017	Managed Care	HMIDC	No
03/22/2017		04/01/2017	05/01/2017	Managed Care	HMIDC	No
02/17/2017		03/01/2017	04/01/2017	Managed Care	HMIDC	No
01/30/2017	R	01/01/2017	02/01/2017	Managed Care	HMIDC	No
01/30/2017		02/01/2017	03/01/2017	Managed Care	HMIDC	No
10/20/2016		11/01/2016	12/01/2016	Managed Care	HMIDC	No
09/21/2016		10/01/2016	11/01/2016	Managed Care	HMIDC	No
08/22/2016		09/01/2016	10/01/2016	Managed Care	HMIDC	No

## 5.2 Member Eligibility Verification

1. Select **Member** from the menu.
2. Choose **Eligibility Verification** from the drop-down.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | Trade Files | RA Viewer | Logout

Wednesday 2 Oct 2019 10:58 AM EDT

**Provider Main Page**

Welcome to the secure website of the Kentucky Department of Medicaid Services. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)

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Last Updated: 9/10/2019

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The following screens will appear.

### 5.2.1 Searching for a Member

1. Click the arrow to the right in the **Select Lookup Type** box and select the criteria to be used in the search.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

**Member Eligibility Verification**

Tuesday 26 March 2019 12:48 pm

Provider:

**Select Lookup Type:** 

- Member ID Lookup
- SSN Lookup
- Case Number Lookup

**Service Type:** 

- Family Planning
- Health Plan Coverage

[Contact Us](#) Last Updated:11/16/2018

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When the search criteria is selected, the screen will expand to include **From Date** and **To Date** fields. The current date will automatically be plugged into the **From Date** field and the last day of the month will be plugged into the **To Date** field. The user may change the dates to the desired dates of service. The system will only allow a look back of 13 months and cannot look at future month's eligibility.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

**Member Eligibility Verification**

Tuesday 26 March 2019 12:51 pm

Provider:

**Select Lookup Type:** 

- Member ID Lookup
- SSN Lookup
- Case Number Lookup

**Service Type:** 

- Family Planning
- Health Plan Coverage

**Member ID:**

**From Date:**   **To Date:**

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2. Enter the search criteria.
3. Click **Search**.



The **Member Eligibility Verification** page will appear.

- If the member is invalid, does not exist, or has been end dated, an error code will be returned.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

### Member Eligibility Verification

Tuesday 26 March 2019 1:24 pm

Provider:

Select Lookup Type:  Service Type:

Member ID:

From Date:  To Date:

Verification No. 1908500009 - 3/26/2019 Status: Non-Active

Error code 05 - Recipient ID missing or not on file

Print

Last Updated: 11/16/2018

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Otherwise, this screen will display the most current eligibility information available such as is shown on the screens that follow.

Member Eligibility Verification

Thursday 28 October 2021 09:51 am

Provider

**Select Lookup Type:** 
**Service Type:**

Member ID:

From Date:  To Date:

Verification No. 2130100005 - 10/28/2021 Status: Active

Member

<b>Current ID:</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>Date of Birth:</b>
<a href="#">Previous IDs</a>	<b>Check Digit:</b>	<b>Gender:</b>	<b>Date of Death:</b>
<b>SSN:</b>	<b>Phone Number:</b>		<b>County:</b>
<b>Physical Address:</b>			<b>View Member's Mailing Address: <a href="#">here</a></b>
<b>City:</b>	<b>State: KY</b>	<b>ZipCode:</b>	
<b>Hospice Election Date:</b>			
<b>Medicare A:</b>		<b>Medicare B:</b>	
<b>Medicare C:</b>			
<b>Case Number:</b>	<b>Case Name:</b>		
<a href="#">543722214C</a>			

Eligibility				
<a href="#">Eligibility 5 Year History</a>				
Eligibility Group	Program Code	Program Status	From Date	To Date
Fam Chc - Man Pop - Med Kids	I - Prg wmn & inf w/inc <185% or chl <19 w/inc <=200%	P3 - 185% FPL	09/06/2022	09/30/2022

**Copay will be waived for all members, regardless of the member's Benefit Plan. DMS will follow Medicare policy guidelines regarding codes U0001, U0002, G2012 and G2010. The codes will be retroactively effective on February 4, 2020 but will not be billable until after April 1, 2020.**

PACE	From Date	To Date
N	09/06/2022	09/30/2022

Copay Indicator	From Date	To Date
N	09/06/2022	09/30/2022

**Please note that the Medicare Savings benefit package, which includes QMB (program code Z), SLMB (program code ZL) and QI1 (Program code ZJ), is not full Medicaid coverage. This benefit package is for members who have Medicare and KY Medicaid pays their Medicare premiums. Of this group, those with Program Code Z or QMB are also eligible for co pays and deductibles.**

Service Limitation	
<a href="#">Service Limitation 5 Year History</a>	
No Service Limitation segment for the dates entered.	

Cost Share	
<a href="#">Cost Share 5 Year History</a>	
No Cost Share segment for the dates entered.	

Third Party Liability	
<a href="#">Third Party Liability 5 Year History</a>	
No Third Party Liability segment for the dates entered.	

Managed Care	
<a href="#">Managed Care 5 Year History</a>	
No Managed Care segment for the dates entered.	

Waiver	
<a href="#">Waiver 5 Year History</a>	
No Waiver segment for the dates entered.	

Last Updated 8/11/2022

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Each panel on the **Member Eligibility Verification** page above has a link for the last 5 years of history available. Once you click the link, you will be taken to another page to see 5 years' worth of history for the applicable panel.

### 5.2.2 Member Eligibility Suspension/Disenrollment

This panel will only display if the member is suspended due to incarceration. Otherwise, this panel is not visible. It will appear under the **Member Authorized Rep** panel, above the member's **Eligibility Group** panel and will include a message on where to direct the member.

Suspensions/Disenrollments		
Suspension/Disenrollment Type	Effective Date	End Date
I - Suspended - Incarcerated	10/02/2019	10/31/2019

**Alert! Individuals with an incarceration suspension (Ind = I) will not be eligible for claims payment or MCO Enrollment. If this information is incorrect, have the Member call DCBS at 855-306-8959.**

### 5.3 MCO Member Information

4. Select **Member** from the menu.
5. Choose **MCO Member Information** from the drop-down.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Thursday 3 Oct

Benefit Issuance  
Eligibility Verification  
**MCO Member Information**  
Pharmacy History  
Patient Liability  
Spend Down

**Provider Main Page**

Welcome to the . The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated September 27, 2019)

Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Would you like to start receiving paper PA Letters also?

Last Updated: 8/16/2019

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The following screen will appear.

6. Enter the member’s Medicaid ID or SSN and click **Search**.

The member’s MCO information will appear:

## 5.4 View Pharmacy Claim History

1. Select **Member** from the menu.
2. Choose **Pharmacy History** from the drop-down.

KENTUCKY  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Wednesday 2 Oct

Welcome to the

Provider Main Page

- Benefit Issuance
- Eligibility Verification
- MCO Member Information
- Pharmacy History
- Patient Liability
- Spend Down


The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

**You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?**

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



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The following screen will appear.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

**Pharmacy Claims History**

Friday 17 December 2010 10:01 am

**Note: Pharmacy information is updated every two weeks.**

**Disclaimer: Claims shown are paid claims only. Denied, suspended or waiting to be paid claims will not be listed.**

Member ID:

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Last Updated: 9/15/2010

3. Enter the Member's ID and click **Search**.
4. The **Pharmacy Claims History** screen will appear.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | Trade Files | RA Viewer |  | Logout

**Pharmacy Claims History**

Thursday 15 January 2015 4:48 pm

**Note: Pharmacy information is updated every two weeks.**

**Disclaimer: Claims shown are paid claims only. Denied, suspended or waiting to be paid claims will not be listed.**

Member ID:

Prescription Name	Date Filled	Supply Days	ICN
NITROFURANTOIN	11/06/2014	30	
NABUMETONE	11/06/2014	60	
NITROFURANTOIN	11/06/2014	30	
NABUMETONE	11/06/2014	60	

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Last Updated: 8/28/2014



## 5.5 Patient Liability

1. Select **Member** from the menu.
2. Choose **Patient Liability** from the drop-down.

KENTUCKY  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Thursday 3 Oct

Welcome to the

Provider Main Page


- Benefit Issuance
- Eligibility Verification
- MCO Member Information
- Pharmacy History
- Patient Liability
- Spend Down

The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated September 27, 2019)

Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



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Would you like to start receiving paper PA Letters also?

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Last Updated: 8/16/2019

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The following screen will appear.

3. Enter the Member's ID or SSN and click **Search**.

4. The Member's patient liability information will appear.

## 5.6 Spend Down

1. Select **Member** from the menu.
2. Choose **Spend Down** from the drop-down.

KENTUCKY  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Wednesday 2 Oct 2019 10:58 AM

Welcome to the

Provider Main Page

- Benefit Issuance
- Eligibility Verification
- MCO Member Information
- Pharmacy History
- Patient Liability
- Spend Down


The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

**You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?**

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



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The following screen will appear.

3. Enter the Member ID or SSN and click the **Search** button to find the spend down data.

**KENTUCKY**  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**Spend Down**

Thursday 19 November 2009 08:08 am

Member ID:  SSN:

Last Updated: 4/30/2009

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**Spend Down**

Thursday 23 May 2019 11:24 am

Member ID:  SSN:

**Member**

<b>DOB:</b>	<b>Member ID:</b>
<b>DOD:</b>	<b>Name:</b>

**Spend Down**

From Date	To Date	Amount	Balance
11/06/2014	11/30/2014	\$1,606.00	\$1,606.00
12/03/2014	02/28/2015	\$2,445.00	\$2,445.00
06/01/2015	08/31/2015	\$252,942.00	\$252,942.00

Last Updated: 5/23/2019

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## 6 PA – Prior Authorization

### 6.1 Prior Authorization Checklist

1. Select **PA** from the menu.
2. Choose **Prior Authorization Checklist** from the drop-down.

**KENTUCKY**  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Wednesday 2 October 2019 2:35 pm

**Prior Authorization Checklist!**  
[Radiology Prior Auth Proc Code List](#)  
[MMIS Prior Authorization Letter](#)  
[CareWise Prior Authorization Letter](#)  
[PA Inquiry](#)


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Provider

You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



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- The following page will appear with the prior authorization forms that are available for download. Click the link to open the document.

Kentucky.gov
Search:  [Go](#) [Advanced Search](#)

**KENTUCKY**  
 CABINET FOR HEALTH AND FAMILY SERVICES  
 KY MEDICAID MANAGEMENT INFORMATION SYSTEM (KYMIS)

kymis > [Provider Relations](#) > PriorAuthorizationForms



- [Contact Information](#)
- [Forms](#)
- [F.A.Q.](#)
- [Presumptive Eligibility](#)
- [Provider Letters](#)
- [Provider Workshop](#)
- [Provider Billing Instructions](#)
- [KY Health Net user manuals](#)
- [Department for Medicaid Services](#)
- [Home](#)
- [Phone Directory](#)
- [Provider Directory](#)
- [Provider Relations](#)
- [Electronic Claims](#)
- [HIPAA](#)
- [Companion Guides and EDI Guides](#)
- [Medicaid Preferred Drug List](#)

**Contact Information**

If you need assistance, contact us by sending an e-mail to the following address:

[KY EDI HelpDesk](#)

## Prior Authorization Forms

Prior Authorization Forms are displayed in Adobe Acrobat formats.



Form	Description	Last Revision Date
	<a href="#">Prior Authorization Checklist</a>	June 2019
	<a href="#">Radiology Codes</a>	Sept. 2006
	<a href="#">Independent Therapy Request Form</a>	June 2018
	<a href="#">Obstetric Notification Form</a>	Dec. 2009
<a href="#">MAP 5</a>	<a href="#">EPSDT Dental Evaluation Form</a>	March 2008
<a href="#">MAP 9</a>	<a href="#">Prior Authorization for Health Services Instructions</a>	July 2010
<a href="#">MAP 9A</a>	<a href="#">Orthodontic Services Agreement</a>	June 2005
<a href="#">MAP 130</a>	<a href="#">PA Fax Form</a>	Sept. 2011
	<a href="#">Instructions for PA Fax</a>	
<a href="#">MAP 249</a>	<a href="#">MAP 249 PDN Clinical Review</a>	April 2014
<a href="#">MAP 306</a>	<a href="#">Temporomandibular Joint (TMJ) Assessment</a>	June 2005
<a href="#">MAP 396</a>	<a href="#">Orthodontic Evaluation</a>	June 2005
<a href="#">MAP 414</a>	<a href="#">Application for Approval of Nurse Aide Training Program</a>	June 2005
<a href="#">MAP 556</a>	<a href="#">Orthodontic Referral</a>	June 2005
<a href="#">MAP 559</a>	<a href="#">Six Month Orthodontic Progress</a>	June 2005
<a href="#">MAP 569</a>	<a href="#">Psychiatric Preadmission Review of Elective Admissions</a>	June 2005
<a href="#">MAP 570</a>	<a href="#">Certification of Need for Inpatient Psychiatric Svcs for Individuals under Age 21</a>	June 2005
<a href="#">MAP 575</a>	<a href="#">Request for Reconsideration of Resources Utilization Group Audit Determination</a>	June 2005
<a href="#">Map 576</a>	<a href="#">Nurse Aide Training Expense Report and Authorization for Payment Instructions</a>	July 2012
<a href="#">MAP 650</a>	<a href="#">Home Health Fax Form 2009</a>	Nov. 2008
<a href="#">MAP 700</a>	<a href="#">Orthodontic Final Case Submission</a>	June 2005
<a href="#">MAP 703</a>	<a href="#">Request for Reconsideration Ancillary Therapy Billing</a>	March 2014
<a href="#">MAP 726A</a>	<a href="#">Nursing Facility Request for Admission</a>	Sept. 2003
<a href="#">MAP 1000</a>	<a href="#">Certificate of Medical Necessity - Durable Medical Equipment</a>	July 2010

## 6.2 Radiology Prior Authorization Procedure Code List

1. Select **PA** from the menu.
2. Choose **Radiology Prior Auth Proc Code List** from the drop-down.

**KENTUCKY**  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Monday 14 October 2019 12:55 pm

Prior Authorization Checklist  
**Radiology Prior Auth Proc Code List**  
 MMIS Prior Authorization Letter  
 CareWise Prior Authorization Letter  
 PA Inquiry

e


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[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

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- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



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3. The following page will appear with the prior authorization forms that are available for download. Click the link to open the document.

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**KENTUCKY**  
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KY MEDICAID MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[kymmis](#) > [Provider Relations](#) : PriorAuthorizationForms

- [Contact Information](#)
- [Forms](#)
- [F.A.Q.](#)
- [Presumptive Eligibility](#)
- [Provider Letters](#)
- [Provider Workshop](#)
- [Provider Billing Instructions](#)
- [KY Health Net user manuals](#)
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- [Home](#)
- [Phone Directory](#)
- [Provider Directory](#)
- [Provider Relations](#)
- [Electronic Claims](#)
- [HIPAA](#)
- [Companion Guides and EDI Guides](#)
- [Medicaid Preferred Drug List](#)

**Contact Information**

If you need assistance, contact us by sending an e-mail to the following address:

[KY EDI HelpDesk](#)

## Prior Authorization Forms

Prior Authorization Forms are displayed in Adobe Acrobat formats.

Form	Description	Last Revision Date
	<a href="#">Prior Authorization Checklist</a>	June 2019
	<a href="#">Radiology Codes</a>	Sept. 2006
	<a href="#">Independent Therapy Request Form</a>	June 2018
	<a href="#">Obstetric Notification Form</a>	Dec. 2009
<a href="#">MAP 5</a>	<a href="#">EPSDT Dental Evaluation Form</a>	March 2008
<a href="#">MAP 9</a>	<a href="#">Prior Authorization for Health Services Instructions</a>	July 2010
<a href="#">MAP 9A</a>	<a href="#">Orthodontic Services Agreement</a>	June 2005
<a href="#">MAP 130</a>	<a href="#">PA Fax Form</a>	Sept. 2011
	<a href="#">Instructions for PA Fax</a>	
<a href="#">MAP 249</a>	<a href="#">MAP 249 PDN Clinical Review</a>	April 2014
<a href="#">MAP 306</a>	<a href="#">Temporomandibular Joint (TMJ) Assessment</a>	June 2005
<a href="#">MAP 396</a>	<a href="#">Orthodontic Evaluation</a>	June 2005
<a href="#">MAP 414</a>	<a href="#">Application for Approval of Nurse Aide Training Program</a>	June 2005
<a href="#">MAP 556</a>	<a href="#">Orthodontic Referral</a>	June 2005
<a href="#">MAP 559</a>	<a href="#">Six Month Orthodontic Progress</a>	June 2005
<a href="#">MAP 569</a>	<a href="#">Psychiatric Preadmission Review of Elective Admissions</a>	June 2005
<a href="#">MAP 570</a>	<a href="#">Certification of Need for Inpatient Psychiatric Svcs for Individuals under Age 21</a>	June 2005
<a href="#">MAP 575</a>	<a href="#">Request for Reconsideration of Resources Utilization Group Audit Determination</a>	June 2005
<a href="#">Map 576</a>	<a href="#">Nurse Aide Training Expense Report and Authorization for Payment Instructions</a>	July 2012
<a href="#">MAP 650</a>	<a href="#">Home Health Fax Form 2009</a>	Nov. 2008
<a href="#">MAP 700</a>	<a href="#">Orthodontic Final Case Submission</a>	June 2005
<a href="#">MAP 703</a>	<a href="#">Request for Reconsideration Ancillary Therapy Billing</a>	March 2014
<a href="#">MAP 726A</a>	<a href="#">Nursing Facility Request for Admission</a>	Sept. 2003
<a href="#">MAP 1000</a>	<a href="#">Certificate of Medical Necessity - Durable Medical Equipment</a>	July 2010



### 6.3 MMIS PA Letters

1. Select **PA** from the menu.
2. Choose **MMIS Prior Authorization Letter** from the drop-down.

**KENTUCKY**  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Friday 18 October 2019 10:43 am

Prior Authorization Checklist

Radiology Prior Auth Proc Code List

**MMIS Prior Authorization Letter**

CareWise Prior Authorization Letter

PA Inquiry

e


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Provider

**You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?**

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



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Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

**Prior Authorization (PA) Letters**

Thursday 24 October 2019 09:51 am

**Search Criteria**

Provider:  Member ID:

Letter Type:

Date Sent:

**Please enter either Member ID, Letter Type, or Date Sent to limit search parameters.**

Last Updated: 8/16/2019

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3. Enter Member ID, Letter Type, or Date Sent criteria and press the **Search PA Letters** button.

**KENTUCKY**  
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 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

**Prior Authorization (PA) Letters**

Thursday 24 October 2019 09:56 am

**Search Criteria**

Provider:  Member ID:

Letter Type:

Date Sent:

Letter Type	Member ID	Member Name	Request Date	Sent Date
<a href="#">Other PA Types (Provider Only)</a>			10/21/2019	10/22/2019
<a href="#">Inpatient Letter</a>			10/18/2019	10/19/2019
				1

Last Updated: 8/16/2019

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4. Click the link of the letter to generate a PDF to view, download or print.

## 6.4 CareWise PA Letters

1. Select **PA** from the menu.
2. Choose **CareWise Prior Authorization Letter** from the drop-down.

KENTUCKY  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Friday 18 October 2019 1:07 pm

Prior Authorization Checklist

Radiology Prior Auth Proc Code List

MMIS Prior Authorization Letter

CareWise Prior Authorization Letter

PA Inquiry

e

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 providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated September 27, 2019)

Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Would you like to start receiving paper PA Letters also?

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The following screen will appear.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**CareWise Prior Authorization Letters**

Friday 18 October 2019 1:08 pm

Provider

**Search Criteria**

Member ID:  Case Number:

Member First Name:  Member Last Name:

From Date:  To Date:

Click the Search button below to find Carewise Prior Authorization Letters associated with your provider number. When the Letter listing displays, click the Letter to view the details.

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Last Updated: 8/16/2019

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The Member ID, From Date, and To Date are required to perform a search.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**CareWise Prior Authorization Letters**

Friday 18 October 2019 1:08 pm

Provider

**Search Criteria**

Member ID:  Case Number:   
**Member ID is required**

Member First Name:  Member Last Name:

From Date:  To Date:   
**From Date is required** **To Date is required**

Click the Search button below to find Carewise Prior Authorization Letters associated with your provider number. When the Letter listing displays, click the Letter to view the details.

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

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3. Enter the search criteria and press the **Search** button.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

CareWise Prior Authorization Letters

Monday 4 May 2020 1:31 pm

Provider

Search Criteria

Member ID: <input style="width: 150px;" type="text"/>	Case Number: <input style="width: 150px;" type="text"/>
Member First Name: <input style="width: 150px;" type="text"/>	Member Last Name: <input style="width: 150px;" type="text"/>
From Date: <input style="width: 150px;" type="text"/> <small>📅</small>	To Date: <input style="width: 150px;" type="text"/> <small>📅</small>

Click the Search button below to find Carewise Prior Authorization Letters associated with your provider number. When the Letter listing displays, click the Letter to view the details.

Letter

<a href="#">4/24/2020 PA SHPS -Mem ID: <input style="width: 80px;" type="text"/> -Name: RUDY-Prov ID: <input style="width: 80px;" type="text"/> -Rev Type:OUTPATIENT THERAPIES</a>
<a href="#">4/24/2020 PA SHPS -Mem ID: <input style="width: 80px;" type="text"/> -Name: RUDY-Prov ID: <input style="width: 80px;" type="text"/> -Rev Type:TRANSPLANT</a>

1

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## 6.5 PA Inquiry

1. Select **PA** from the menu.
2. Choose **PA Inquiry** from the drop-down.

## KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Monday 14 October 2019 1:12 pm


- Prior Authorization Checklist
- Radiology Prior Auth Proc Code List
- MMIS Prior Authorization Letter
- CareWise Prior Authorization Letter
- PA Inquiry**

Welcome to the Kentucky Medicaid [PA Inquiry](#) e Medicaid Services secure website is intended for providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?



- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)

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The following screen will appear.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

### Prior Authorization Inquiry

Thursday 24 October 2019 10:03 am

Provider:

Transaction ID:  Member ID:  PA Category:

SSN:  Last Name:  First Name:

Start Date:  Type: Submitted

Last Updated: 8/16/2019

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A PA search is completed by entering:

- Transaction ID – is the PA number
  - or
  - Member ID
  - or
  - SSN
  - or
  - Name of member
  - Start Date is required with all search criteria.
3. Select **Search** to return the results.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Prior Authorization Inquiry

Wednesday 23 October 2019 4:37 pm

Provider

Transaction ID:     Member ID:     PA Category:

SSN:     Last Name:     First Name:

Start Date:      Type:

Transaction ID	Member ID	SSN	Last Name	First Name	PA Category
<a href="#">1419059004</a>					WAIVER - SCL2 PDS

Last Updated: 9/10/2019

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4. Click the **Transaction ID** link to open the **PA Header** page.



**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**PA Header**

Wednesday 23 October 2019 4:15 pm

[Header](#) > [Details](#) > [Summary](#)

Requesting  
Provider  
Number:

PA Category\*:

Servicing  
Provider  
Number\*:

Nursing Facility Type:

Servicing  
Provider  
Taxonomy:

Member ID\*:

Diagnosis Code\*:

Last Name:

First Name:  MI:

Emergency:

Admission Date:

Accident:

Discharge Date:

Special  
Considerations:

Case Management/Disease Management

Indicator:

Program:

Level:

Last Updated: 9/10/2019

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5. Click the **Next** button to view the **Details** page.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**PA Details**

Wednesday 23 October 2019 4:19 pm

Header > [Details](#) > Summary

Line Item Number:

Service Type Code\*:

Revenue Code From:

Procedure Code From\*:

Modifiers:

Status:

Revenue Code To:

Procedure Code To:

	Effective Date	End Date	Frequency	Frequency Units	Units	Dollars
Authorized:	<input type="text" value="01/01/2019"/>	<input type="text" value="04/30/2019"/>	<input type="text" value="Weekly"/>	<input type="text" value="50"/>	<input type="text" value="900"/>	<input type="text" value="2250"/>
					Used: <input type="text" value="1"/>	<input type="text" value="2.50"/>

Tooth:

Payment Method:

Tooth Quad:

IAC

Code	Description
<input type="text" value="149"/>	<input type="text" value="FREE FORM COMMENTS"/>

Last Updated: 9/10/2019

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6. Click the **Next** button to view the **Summary** page.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**PA Summary**

Wednesday 23 October 2019 4:20 pm

[Header](#) > [Details](#) > [Summary](#)

**Header**

Requesting Provider Number:	PA Category: <b>WAIVER - SCL2 PDS</b>
Servicing Provider Number:	Nursing Facility Type:
Member ID:	Diagnosis Code: <b>F320</b>
Last Name:	First Name: <span style="float: right;">MI:</span>
Emergency: N	Admission Date:
Accident: N	Discharge Date:
Special Consideration: N	

**Case Management/Disease Management**

Indicator: Program:

Level:

**Approved Details**

Line	Item Number	Status	Procedure Code	Revenue Code	App. Eff. Date	App. End Date	App. Units	App. Amount
<a href="#">01</a>		<b>A</b>	<b>T1005</b>		<b>01/01/2019</b>	<b>04/30/2019</b>	<b>900</b>	<b>2250</b>

Last Updated: 9/10/2019

[Contact Us](#)

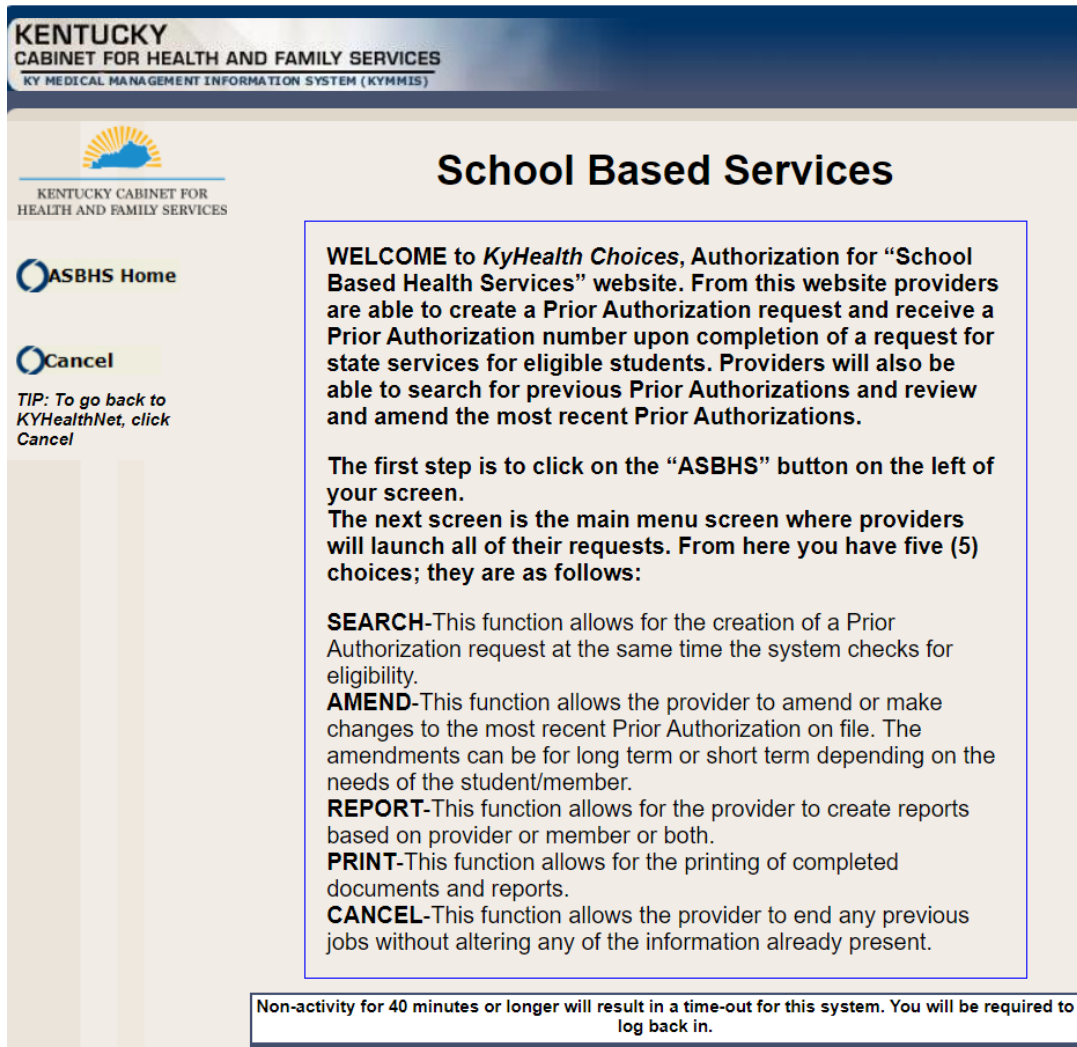
7. Click the **Finish** button to return to the **PA Inquiry** search page.

## 6.6 School Based Provider

1. Select PA from the menu (This option is only available to PT 21)
2. Choose School Based Services from the list

The screenshot displays the KYHealthNet Professional User Manual interface. At the top, the header reads "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)". Below this is a navigation bar with links: "Provider Home | Member | Claims | PA | Missed Appointments | Provider References | RA Viewer | Logout". The date "Thursday 29 September 2022 1:" is shown on the left. A dropdown menu is open under the "PA" link, listing several options: "Prior Authorization Checklist", "Radiology Prior Auth Proc Code List", "MMIS Prior Authorization Letter", "CareWise Prior Authorization Letter", "DRG MRR Letter", "PA Inquiry", and "School Based Services". The "School Based Services" option is highlighted with a red box. To the right of the dropdown, a message states "Medicaid Services secure website is intended for..." and "Welcome to the Kentucky Medicaid...". Below the dropdown, there is a link: "Click Here for Important Messages (last updated June 17, 2019)". A "Provider" dropdown menu shows "1417005158 - 251300000X" with a "Switch Working Provider" button below it. On the left side, there is a list of links: "Claim Inquiry", "Submit Dental Claim", "Submit Professional Claim", "Submit Institutional Claim", "Eligibility Verification", and "School Based Services". In the center, there is an image of a healthcare professional examining a patient's eye. At the bottom, a message reads: "Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in." Below this, a question asks "Would you like to start receiving paper PA Letters also?" with a "Yes!" button.

ASBHS Home Screen displays



Field	Description
ASBHS Home (Authorization for School Based Health Services)	Takes the user to the School Based Services home page
Cancel	Takes the user back to the Provider Main Page

### 3. Select ASBHS Home

The following options are available:

- Search
- Amend
- Report
- Print
- Cancel

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

**School Based Services**

ASBHS Home    You may search by **Member ID Number** and **Provider ID Number**

**Search**    To amend a **pre-existing Authorization Number** you will need to enter the number and select **amend** button to the left.

Amend

Report

Print

Cancel

*TIP: To go back to KYHealthNet, click Cancel*

Member ID#

Provider ID#

Pre-existing Authorization Number

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Search

A School Based PA search is completed by entering:

- Member ID

Or


- Pre-Existing Authorization Number

Provider ID is auto-populated from the user's login.

Search Results Display

- User can view an existing prior authorization, submit new, or amend an existing prior authorization.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)



## School Based Services

**KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES**

- [ASBHS Home](#)
- [Search](#)
- [Amend](#)
- [Report](#)
- [Print](#)
- [Cancel](#)

TIP: To go back to KYHealthNet, click Cancel

Member ID#  Member Name

Provider ID#  Provider Name

Authorization # **7920069000**

Service  Frequency  X  Day

Begin Date  End Date

Services					
Service	Frequency	Begin Date	End Date	Edit	Delete
BEHAVIOR	4XDay	02/01/2020	02/01/2020	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
OL DIG E/M SVC 11-20 MIN	1XWeek	02/05/2020	02/19/2020	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

Yes Please type 'Yes' to certify that all services marked above are included in the members **IEP**.

Click this box if this is an **ESY** condition.

Please enter the Add or Amended date for this **PA**. 02/06/2020

Person Completing above information **Happy Golucky**

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Field	Description
Member ID#	The member ID for the prior authorization.
Provider ID#	The provider ID for the prior authorization.
Member Name	The first and last name of the member.
Provider Name	The first name and last name for the provider.
Authorization #	The prior Authorization number.


Field	Description
Service	The service displays a list of services that was either submitted or selected for the current Prior Authorization request.
Frequency	The Frequency displays the quantity X frequency of the service selected for this prior authorization request. Valid frequency will be Day, Month, Week, or Year.
X	The frequency of the service. Valid values are Day, Week, Month or Year.
Begin Date	The begin date lists all the services begin dates selected for the current prior authorization request.
End Date	The end date displays all the end dates selected for the current prior authorization request.
Add	The add button adds the data in the edit panel to the data grid for submitting services for the school prior Authorization request.
Reset	The Reset button resets the edit panel by removing the data from Service, frequency, begin date and end date. Also resets the save button back to Add.
<b>Services Grid</b>	
Edit	The edit button sends the data of the row clicked to the edit panel to allow a user to change that rows data. The add button will change to save to allow that data to overwrite the data on the row clicked.
Delete	The delete button deletes that row on which the delete was clicked from the data grid.
Certify IEP	Certify that the prior authorization is included in the members IEP (Individualized Education Program).
Click this box if this is an ESY condition	Service is an ESY (Extended School Year) Condition
Please enter the Add or Amended date for this PA	The date the PA was amended.
Amend	Amend the data on this prior authorization
New	Blanks out the form to submit a new request.
Cancel	Takes the user back to the Provider Main Page



## Amend

Allows the provider to amend or make changes to the most recent Prior Authorization on file. The amendments can be for long term or short-term depending on the needs of the student/member.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

  
KENTUCKY CABINET FOR  
HEALTH AND FAMILY SERVICES

## School Based Services

ASBHS Home  
 Search  
 **Amend**  
 Report  
 Print  
 Cancel

*TIP: To go back to  
KYHealthNet, click  
Cancel*

Member ID#  Member Name   
Provider ID#  Provider Name

Authorization # 0

Service  Frequency  X Day   
Begin Date  End Date

Please type 'Yes' to certify that all services marked above are included in the members IEP.

Click this box if this is an **ESY** condition.  
Please enter the Add or Amended date for this PA.

Person Completing above information

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Report

Allows a user to create reports based on Date, Provider or Member.

**KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

**School Based Services**

ASBHS Home    You may search by **Member ID Number** and **Provider ID Number**  
 Search    To amend a **pre-existing Authorization Number** you will need to enter the number and select **amend** button to the left.  
 Amend  
 **Report**  
 Print  
 Cancel  
*TIP: To go back to KYHealthNet, click Cancel*

Member ID#   
 Provider ID#   
 Date Ranges (mm/dd/ccyy):  to   
 Select the report type below:  
 School Year     **Provider**     Member   

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

School Year Report Results

**KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

**School Based Services**

ASBHS Home  
 Search  
 Amend  
 **Report**  
 Print  
 Cancel  
*TIP: To go back to KYHealthNet, click Cancel*

Member ID#	Member Name
Provider ID#	Provider Name


  

Authorization #	Date of First Service	Date of Last Service
<a href="#">7920330000</a>	09/01/2020	12/31/2020
1		

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Provider Report Results

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)



## School Based Services

- [ASBHS Home](#)
- [Search](#)
- [Amend](#)
- [Report](#)
- [Print](#)
- [Cancel](#)


TIP: To go back to KYHealthNet, click Cancel

Member ID# Provider ID#	Member Name Provider Name																																		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Authorization #</th> <th style="width: 30%;">Date of First Service</th> <th style="width: 30%;">Date of Last Service</th> </tr> </thead> <tbody> <tr><td><a href="#">7919011105</a></td><td>07/01/2018</td><td>06/30/2019</td></tr> <tr><td><a href="#">7917355056</a></td><td>07/01/2017</td><td>06/30/2018</td></tr> <tr><td><a href="#">7918031195</a></td><td>07/01/2017</td><td>06/30/2018</td></tr> <tr><td><a href="#">7918308248</a></td><td>07/01/2017</td><td>06/30/2018</td></tr> <tr><td><a href="#">7918308256</a></td><td>07/01/2018</td><td>06/30/2019</td></tr> <tr><td><a href="#">7918308304</a></td><td>07/01/2018</td><td>06/30/2019</td></tr> <tr><td><a href="#">7918059111</a></td><td>07/01/2017</td><td>06/30/2018</td></tr> <tr><td><a href="#">7918059109</a></td><td>07/01/2017</td><td>06/30/2018</td></tr> <tr><td><a href="#">7918264363</a></td><td>07/01/2018</td><td>06/30/2019</td></tr> <tr><td><a href="#">7918264427</a></td><td>07/01/2018</td><td>06/30/2019</td></tr> </tbody> </table>	Authorization #	Date of First Service	Date of Last Service	<a href="#">7919011105</a>	07/01/2018	06/30/2019	<a href="#">7917355056</a>	07/01/2017	06/30/2018	<a href="#">7918031195</a>	07/01/2017	06/30/2018	<a href="#">7918308248</a>	07/01/2017	06/30/2018	<a href="#">7918308256</a>	07/01/2018	06/30/2019	<a href="#">7918308304</a>	07/01/2018	06/30/2019	<a href="#">7918059111</a>	07/01/2017	06/30/2018	<a href="#">7918059109</a>	07/01/2017	06/30/2018	<a href="#">7918264363</a>	07/01/2018	06/30/2019	<a href="#">7918264427</a>	07/01/2018	06/30/2019
Authorization #	Date of First Service	Date of Last Service																																	
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<a href="#">7918031195</a>	07/01/2017	06/30/2018																																	
<a href="#">7918308248</a>	07/01/2017	06/30/2018																																	
<a href="#">7918308256</a>	07/01/2018	06/30/2019																																	
<a href="#">7918308304</a>	07/01/2018	06/30/2019																																	
<a href="#">7918059111</a>	07/01/2017	06/30/2018																																	
<a href="#">7918059109</a>	07/01/2017	06/30/2018																																	
<a href="#">7918264363</a>	07/01/2018	06/30/2019																																	
<a href="#">7918264427</a>	07/01/2018	06/30/2019																																	
<a href="#">1</a> <a href="#">2</a> <a href="#">3</a> <a href="#">4</a> <a href="#">5</a> <a href="#">6</a> <a href="#">7</a> <a href="#">8</a> <a href="#">9</a> <a href="#">10</a> ...																																			

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

### Member Report Results

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)



## School Based Services

- [ASBHS Home](#)
- [Search](#)
- [Amend](#)
- [Report](#)
- [Print](#)
- [Cancel](#)

TIP: To go back to KYHealthNet, click Cancel

Member ID# Provider ID#	Member Name Provider Name							
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Authorization #</th> <th style="width: 30%;">Date of First Service</th> <th style="width: 30%;">Date of Last Service</th> </tr> </thead> <tbody> <tr> <td><a href="#">7920330000</a></td> <td>09/01/2020</td> <td>12/31/2020</td> </tr> </tbody> </table>	Authorization #	Date of First Service	Date of Last Service	<a href="#">7920330000</a>	09/01/2020	12/31/2020
Authorization #	Date of First Service	Date of Last Service						
<a href="#">7920330000</a>	09/01/2020	12/31/2020						
<a href="#">1</a>								

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Print

Allows user to print authorization or reports

**KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

### School Based Services

Member ID#  Member Name   
Provider ID#  Provider Name

Authorization # 0

Service  Frequency  X  Day   
Begin Date  End Date

Please type 'Yes' to certify that all services marked above are included in the members IEP.

Click this box if this is an **ESY** condition.  
Please enter the Add or Amended date for this PA.

Person Completing above information

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Print  
Total: 1 sheet of paper

Printer

Copies

Layout  
 Portrait  
 Landscape

Pages  
 All  
 e.g. 1-5, 8, 11-13

Color

Member ID#  Member Name   
Provider ID#  Provider Name

Authorization # 0

Service  Frequency  X  Day   
Begin Date  End Date

Services

Please type 'Yes' to certify that all services marked above are included in the members IEP.


Click this box if this is an **ESY** condition.  
Please enter the Add or Amended date for this PA.

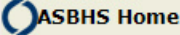
Person Completing above information

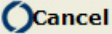
Cancel

Takes the user back to the Provider Main Page

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

  
KENTUCKY CABINET FOR  
HEALTH AND FAMILY SERVICES

 ASBHS Home

 Cancel  
*TIP: To go back to  
KYHealthNet, click  
Cancel*

## School Based Services

**WELCOME** to *KyHealth Choices*, Authorization for “School Based Health Services” website. From this website providers are able to create a Prior Authorization request and receive a Prior Authorization number upon completion of a request for state services for eligible students. Providers will also be able to search for previous Prior Authorizations and review and amend the most recent Prior Authorizations.

The first step is to click on the “ASBHS” button on the left of your screen.  
The next screen is the main menu screen where providers will launch all of their requests. From here you have five (5) choices; they are as follows:

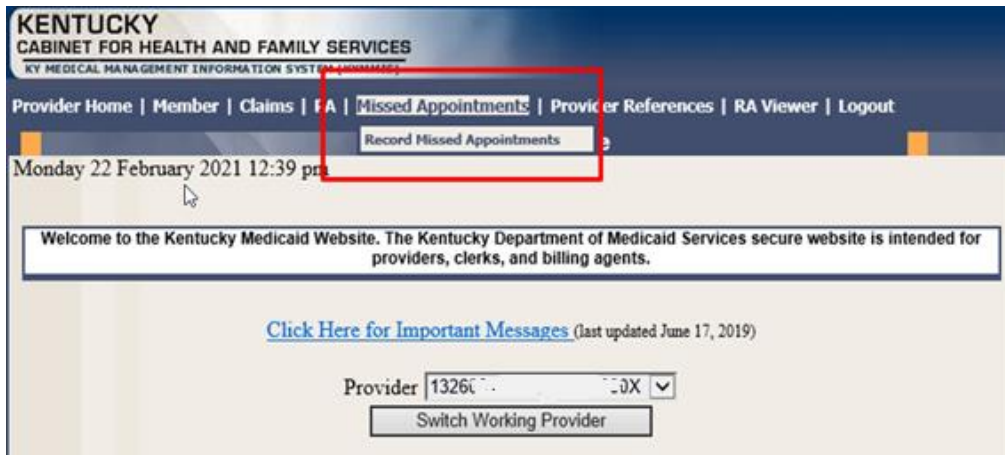
**SEARCH**-This function allows for the creation of a Prior Authorization request at the same time the system checks for eligibility.  
**AMEND**-This function allows the provider to amend or make changes to the most recent Prior Authorization on file. The amendments can be for long term or short term depending on the needs of the student/member.  
**REPORT**-This function allows for the provider to create reports based on provider or member or both.  
**PRINT**-This function allows for the printing of completed documents and reports.  
**CANCEL**-This function allows the provider to end any previous jobs without altering any of the information already present.

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

## 7 Missed Appointments

### 7.1 Record Missed Appointments

1. Select **Missed Appointments** from the menu.
2. Select **Record Missed Appointments** from the drop-down.



### 7.1.1 Add a missed appointment

The screenshot displays the KY HealthNet Professional User Manual interface. At the top, the header reads "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)". Below this is a navigation bar with links: "Provider Home | Member | Claims | PA | Missed Appointments | Provider References | RA Viewer | Logout".

The main content area is titled "Record Missed Appointment" and shows the date and time: "Tuesday 25 January 2022 11:26 am". It features a "Provider" dropdown menu and a "Switch Provider" button. Below this is a search box for "Member ID" with the instruction "(Leave blank for ALL members)". The "Date Range" is set to "MONTH: ALL" and "YEAR: 2022", with a "Search" button.

The second form, titled "Add Missed Appointment", contains the following fields:
 

- Member ID\*:** A text input field.
- Reason\*:** Radio buttons for "MISSED" (selected) and "CANCELLED".
- Practice/Group Name\*:** A text input field.
- Appointment Date\*:** A date picker field.
- Appointment Time\*:** A time input field with radio buttons for "AM" (selected) and "PM".
- Reason Code\*:** A dropdown menu with the option "Select Reason Code...".
- Appointment Type\*:** A dropdown menu with the option "Select Appointment Type...".
- Explanation:** A large text area for providing details.
- Add:** A button to submit the appointment record.

Enter the following fields:

- Member ID: KY Medicaid member (required field, the system validates the member number).
- Reason - Missed or Cancelled (Missed is the system default).
- Practice/Group Name – required field
- Reason Code - Select the reason code from the dropdown list.

Dropdown box options:

- Child Care Issue
- Transportation Issue

- Financial Issue
- Insurance Issue
- Unforeseen Issue
- Forgot About Appointment
- Unknown
- Other-Please Provide Explanation Below
- Appointment Date - Field is required. Manual entry, MM/DD/YYYY or Select the calendar icon to auto-populated a date.  
If 'Missed' is selected from the reason field, the date range selection is previous date to current date. User cannot select a future date.  
If 'Cancelled' is selected from the reason field, the date range selection is open. User can use previous, current, or future date.
- Appointment Time- Field is required  
Manual entry, user must use HH:MM format
  - AM: Radio Button (default option)- Field is not validated. User must manually select option.
  - PM: Radio Button: Field is not validated. User must manually select option
- Appointment Type- Select the appointment type from the dropdown list.
  - Select Appointment Type (Default Option)
  - PCP
  - Behavioral Health Therapy
  - Outpatient Program
  - Occupational Therapy
  - Physical Therapy
  - Speech Therapy
  - Applied Behavioral Therapy
  - Other Therapy
  - Dental
  - Vision
  - Specialist
- Specialist Type – Text box displays if Specialist is selected from the Appointment Type dropdown list.
- Explanation: Enter an explanation. Open Text field with a 200-character maximum.  
Note: Field is only required if 'Other-Please Provider Explanation Below' is the selected reason code.
- Add: The Add button allows the system to update the record.

### 7.1.2 Search for a Missed or Cancelled Appointment

*\*\*The member data below is mocked up from our test environment and doesn't contain any true PHI\*\**



**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Missed Appointments](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

**Record Missed Appointment**

Monday 3 May 2021 1:34 pm

Provider:  ▼

Member ID:  (Leave blank for ALL members)

Date Range: MONTH:  ▼ YEAR:  ▼

Enter the following fields:

- Member ID- If searching for one member or leave blank to return appointments for all members.
- Date Range-  
 Month: Select All for all months within the year selected or select a particular month.  
 Year: Select the year
- Search- Returns results

Missed Appointments						
Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
8572928103	PIERCE, STEVIE	03/11/2021	11:00 AM	CANCELLED/Unforeseen Issue		<a href="#">Edit</a> <a href="#">Delete</a>
8572710403	BALLING, ILDA	03/10/2021	10:00 AM	CANCELLED/Financial Issue		<a href="#">Edit</a> <a href="#">Delete</a>
8572710403	BALLING, ILDA	03/04/2021	9:00 AM	CANCELLED/Financial Issue		<a href="#">Edit</a> <a href="#">Delete</a>
7503303488	JONES, LONG	02/23/2021	10:00 AM	MISSED/Child Care Issue	Test	<a href="#">Edit</a> <a href="#">Delete</a>

### 7.1.3 Edit a record

Edit a record can only be made by the provider who entered the missed/cancelled appointment.

Select Edit

**Record Missed Appointment**

Tuesday 25 January 2022 11:48 am

Provider:  ▼

Member ID:  (Leave blank for ALL members)

Date Range: MONTH:  ▼ YEAR:  ▼

**Missed Appointments**

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7503303488	JONES, LONG	01/19/2022	1:00 PM	CANCELLED/Transportation Issue		Edit Delete
7586819238	KIDDER, ENEDINA	01/18/2022	9:10 AM	MISSED/Unknown		Edit Delete

**Update Missed Appointment**

Member ID\*:  ENEDINA KIDDER

Reason\*:  MISSED  CANCELLED      Practice/Group Name\*:

Appointment Date\*:        Appointment Time\*:   AM  PM

Reason Code\*:  ▼

Appointment Type\*:  ▼

Explanation:

- The record will refresh with a yellow highlight to indicate the line to edit.
- Enter the updated information as applicable.
- Click the Update button.

#### 7.1.4 Delete a record

Delete a record can only be made by the provider who entered the missed/cancelled appointment. Select Delete

Record Missed Appointment

Monday 22 February 2021 2:57 pm

Provider:  ▼  
Switch Provider

Member ID:  (Leave blank for ALL members)

Date Range: MONTH:  YEAR:

Search

Missed Appointments

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7572640718	OREN, BRUNILDA	02/22/2021	2:45 PM	CANCELLED/Insurance Issue		<a href="#">Edit</a> <a href="#">Delete</a>
7519472128	STUCKEY, BUFFY	02/22/2021	9:00 AM	MISSED/Other	Member did not call or show up for their appointment this morning.	<a href="#">Edit</a> <a href="#">Delete</a>
7570165708	LUTER, VERTIE	02/15/2021	8:15 AM	MISSED/Other	Never heard from the member regarding their appointment on the 15th on Feb. Still have not heard from member. - ABC 2/22 1:56PM	<a href="#">Edit</a> <a href="#">Delete</a>
7570165708	LUTER, VERTIE	02/10/2021	12:00 PM	MISSED/Unknown		<a href="#">Edit</a> <span style="border: 2px solid red; padding: 2px;">Delete</span>

Add Missed Appointment

Member ID\*:

Reason\*:  MISSED  CANCELLED      Reason Code\*:  ▼

Appointment Date\*:

Appointment Time\*:   AM  PM

Explanation:

Add

Last Updated: 12/1/2020

A message box will display confirming the record selected for deletion.

Select OK to remove record or cancel to retain the record.

**Missed Appointments**

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7572640718	OREN, BRUNILDA	02/22/2021	2:45 PM	CANCELLED/Insurance Issue		<a href="#">Edit</a> <a href="#">Delete</a>
7519472128	STUCKEY, BUFFY	02/22/2021	9:00 AM	MISSED/Other	Member did not call or show up for their appointment this morning.	<a href="#">Edit</a> <a href="#">Delete</a>
7570165708	LUTER, VERTIE	02/15/2021	AM	MISSED/Other	Never heard from the member regarding their appointment on the 15th on Feb. Still have not heard from member. - ABC 2/22 1:56PM	<a href="#">Edit</a> <a href="#">Delete</a>
7570165708	LUTER, VERTIE	02/10/2021	12:00 PM	MISSED/Unknown		<a href="#">Edit</a> <a href="#">Delete</a>

Message from webpage: Click OK to confirm deletion of appointment for member LUTER, VERTIE (7570165708) on 02/10/2021 at 12:00 PM, otherwise click Cancel

Buttons: **OK** (highlighted), Cancel

Once OK is selected the appointment record is deleted.

**Missed Appointments**

Member ID	Name	Appt Date	Appt Time	Reason/Code	Explanation	Delete
7572640718	OREN, BRUNILDA	02/22/2021	2:45 PM	CANCELLED/Insurance Issue		<a href="#">Edit</a> <a href="#">Delete</a>
7519472128	STUCKEY, BUFFY	02/22/2021	9:00 AM	MISSED/Other	Member did not call or show up for their appointment this morning.	<a href="#">Edit</a> <a href="#">Delete</a>
7570165708	LUTER, VERTIE	02/15/2021	8:15 AM	MISSED/Other	Never heard from the member regarding their appointment on the 15th on Feb. Still have not heard from member. - ABC 2/22 1:56PM	<a href="#">Edit</a> <a href="#">Delete</a>

Note: A red arrow points to the row for member LUTER, VERTIE, which is highlighted in the original image to show it has been removed from the previous state.

### 7.1.5 Record Display

The system will display 5 records per screen. If there are more than 5 records an additional page is created systemically. Additional page count will appear in the lower right-hand side of the screen.

Member ID	Appt Date	Appt Time	Reason/Code	Explanation	Delete
EVIE	03/11/2021	11:00 AM	CANCELLED/Unforeseen Issue		<a href="#">Edit</a> <a href="#">Delete</a>
LDA	03/10/2021	10:00 AM	CANCELLED/Financial Issue		<a href="#">Edit</a> <a href="#">Delete</a>
LDA	03/04/2021	9:00 AM	CANCELLED/Financial Issue		<a href="#">Edit</a> <a href="#">Delete</a>
G	02/23/2021	10:00 AM	MISSED/Child Care Issue	Test	<a href="#">Edit</a> <a href="#">Delete</a>
EVIE	02/17/2021	3:00 PM	MISSED/Unforeseen Issue	Test	<a href="#">Edit</a> <a href="#">Delete</a>

Page indicator: 1 2 (with arrow pointing to the '2')

## 8 Provider References

### 8.1 TPL Carrier

3. Select **Provider References** from the menu.
4. Choose **TPL Carrier** from the drop-down.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMIS)

Provider Home | Member | Claims | PA | **Provider References** | Trade Files | RA Viewer | Logout

Wednesday 2 October 2019 1:11 pm

TPL Carrier  
Documentation

Main Page


Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Contact Us

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Last Updated:9/10/2019

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The following screen will appear.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**TPL Carriers**

Friday 20 August 2010 12:47 pm

**Business Name:**

Last Updated: 7/1/2010

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5. Enter the TPL Carrier name.
6. Click **Search**.

The response will return all carrier information on file.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

**TPL Carriers**

Thursday 23 May 2019 3:01 pm

**Business Name:**

Carrier Code	Business Name	Address	Telephone #
			1

Last Updated: 5/23/2019

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## 8.2 Provider References Documentation

1. Select **Provider References** from the menu.
2. Choose **Documentation** from the drop-down.

KENTUCKY  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Wednesday 2 October 2019 1:14 pm

TPL Carrier  
**Documentation**

Main Page


Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?

- Claim Inquiry
- Submit Dental Claim
- Submit Professional Claim
- Submit Institutional Claim
- Eligibility Verification
- Provider Status



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Last Updated: 9/10/2019

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The following screen will appear.

The screenshot displays the website interface for the Kentucky Cabinet for Health and Family Services. At the top, there is a search bar with a 'Go' button and a link to 'Advanced Search'. The main header includes the Kentucky logo and the text 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)'. Below the header, a breadcrumb trail shows 'kymmis > Provider Relations : Index'. The main content area is titled 'Provider Resources' and features a sidebar with various navigation links. The main content includes a description of the Provider Relations team, a link to the DMS Provider Enrollment website, and a notice about service hours. A 'Page Updates' section shows a date of August 16, 2013, and a link to a PDF document titled 'New Provider Rep Listing (PDF)'.

**Provider Resources**

Provider Relations is the first line contact for medical provider's questions. The area consists of trained, skilled staff who respond to both written and telephonic inquiries.

Please refer to the [DMS Provider Enrollment](#) website for specific forms and documentation required for enrollment.

**The Provider Relations area is available for service 8:00 a.m. until 6:00 p.m. ET, Monday through Friday.**

**Page Updates**

August 16, 2013  
[New Provider Rep Listing \(PDF\)](#)

**Navigation Links:**

- Contact Information
- Forms
- F.A.Q.
- Presumptive Eligibility
- Provider Letters
- Provider Workshop
- Provider Billing Instructions
- KY Health Net user manuals
- Department for Medicaid Services
- Home
- Phone Directory
- Provider Directory
- Provider Relations
- Electronic Claims
- HIPAA
- Companion Guides and EDI Guides
- Medicaid Preferred Drug List

Selected documentation for additional provider resources are available at [www.kymmis.com](http://www.kymmis.com).



## 9 RA Viewer

1. Click **RA Viewer** from the menu.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | Trade Files | **RA Viewer** | Logout

**Provider Main Page**

Wednesday 2 October 2019 1:17 pm


Welcome to the Kentucky Medicaid Website. The Kentucky Department of Medicaid Services secure website is intended for providers, clerks, and billing agents.

[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



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The following screen will appear.

2. Select the provider NPI/Taxonomy from the drop-down menu (if the user works on behalf of multiple providers).
3. Click **Search**.

The screenshot shows the 'RA Viewer' page of the KYMMIS system. The header includes the Kentucky Cabinet for Health and Family Services logo and navigation links: Provider Home, Member, Claims, PA, Provider References, RA Viewer, and Logout. The page title is 'RA Viewer' and the date/time is 'Thursday 24 October 2019 10:07 am'. A 'Provider' dropdown menu is present, followed by instructions: 'Click the Search button below to find RA reports associated with your provider number. When the RA listing displays, click the Run Date link beside a specific RA to view or download RA report details.' Below the instructions are 'Search' and 'Print' buttons. A warning message states: 'Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.' The footer contains 'Contact Us', 'Privacy | Disclaimer | Individuals with Disabilities', and copyright information: 'Copyright © 2005 Commonwealth of Kentucky All rights reserved'. The page was last updated on 8/16/2019.

**RA Viewer** holds six months of Remittance Advice statements, displaying the most current at the top of the screen. Each RA can be viewed or downloaded.

4. Select the applicable Run Date.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**RA Viewer**

Thursday 24 October 2019 10:10 am

Provider

Click the Search button below to find RA reports associated with your provider number. When the RA listing displays, click the Run Date link beside a specific RA to view or download RA report details.

Report Name	Provider Number	Run Date	Load Date
10/18/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">10-18-2019</a>	10-19-2019
10/11/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">10-11-2019</a>	10-12-2019
10/04/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">10-4-2019</a>	10-5-2019
09/27/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">9-27-2019</a>	9-28-2019
09/20/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">9-20-2019</a>	9-21-2019
09/13/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">9-13-2019</a>	9-14-2019
09/06/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">9-6-2019</a>	9-7-2019
08/30/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">8-30-2019</a>	8-31-2019
08/23/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">8-23-2019</a>	8-24-2019
08/16/2019 - RA - Payee ID: - RA #: - NPI: - SEQ:		<a href="#">8-16-2019</a>	8-19-2019

1 2 3

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Last Updated: 8/16/2019

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## 10 Claims

### 10.1 Claim Inquiry

1. Select **Claims** from the menu.
2. Choose **Claims Inquiry** from the drop-down.

KENTUCKY  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Monday 14 October 2019

Welcome to the Kentucky

Claims Inquiry

- Claims Submission (Dental)
- Claims Submission (Professional)
- Claims Submission (Institutional)
- LTC Roster/Submittal
- DRG Letter
- EOB Code Listing

Main Page

Department of Medicaid Services secure website is intended for and billing agents.


[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

Switch Working Provider

**You currently receive paper and electronic PA Letters, in an effort to go green would you like to discontinue Paper PA Letters?**

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

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Last Updated: 9/10/2019

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**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Missed Appointments](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

Claim Inquiry: 1518911338

Tuesday 6 September 2022 4:09 pm

Provider  ▼

Search Criteria

Member ID: <input type="text"/>	Claim Status: <input type="text" value="Any Status"/>	Thresholded Encounters Only: <input type="checkbox"/>
Patient Acct. #: <input type="text"/>	Date Type: <input checked="" type="radio"/> Date Of Service <input type="radio"/> Warrant Date	
ICN or TCN: <input type="text"/>	From Date: <input type="text" value="08/30/2022"/>	Thru Date: <input type="text" value="09/06/2022"/>

3. Select the applicable NPI and Taxonomy if using an agent or billing agent account.

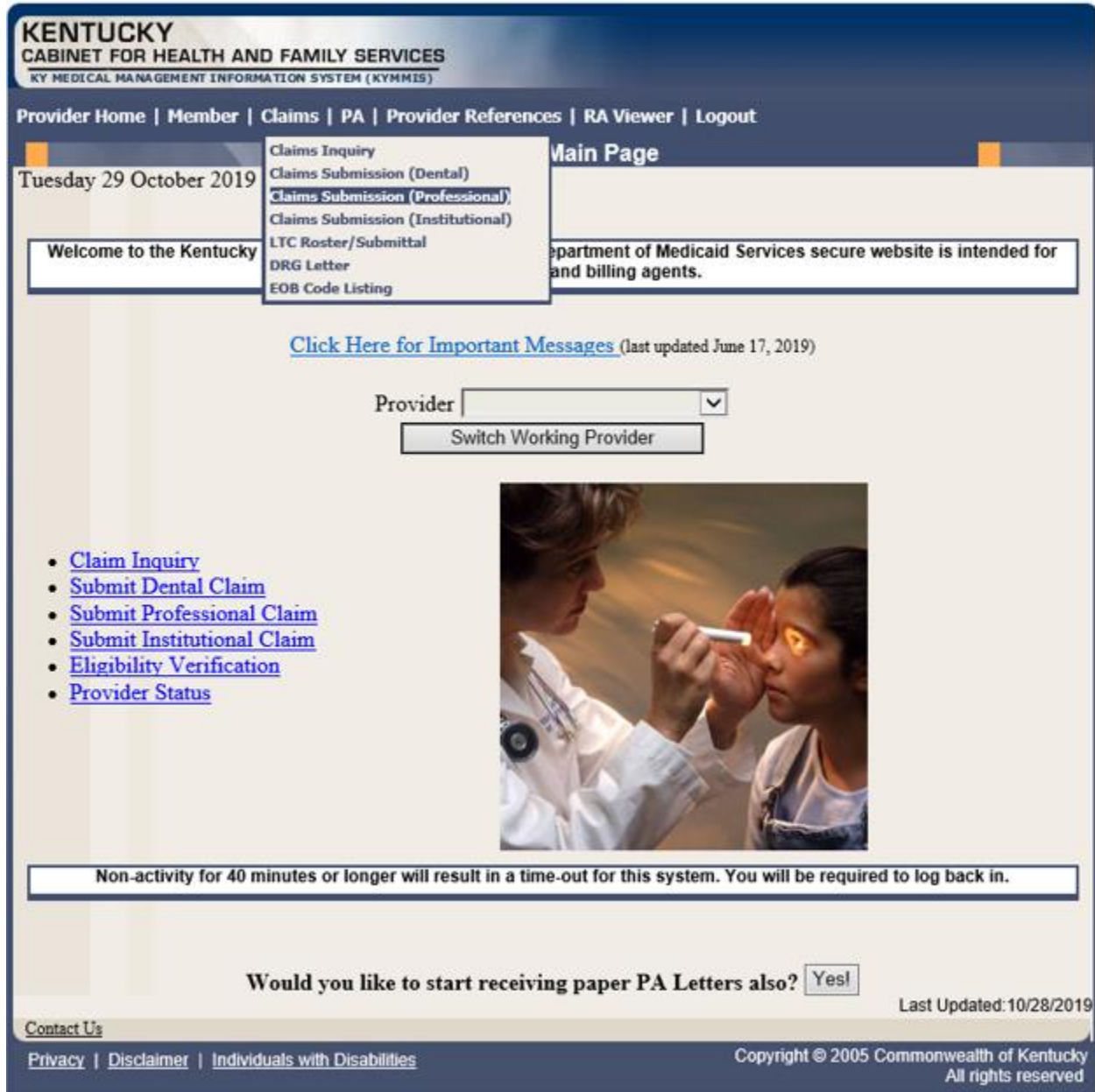
Enter Member ID and From Date/Thru Date or Patient Acct #	
<b>Claim Status</b>	Any Status, Paid, Denied, and Suspended.
<b>Warrant Date</b>	Warrant Date should read as RA date.
<b>ICN</b>	Enter the ICN and remove From Date/Thru Date.
<b>Date of Service</b>	A search for claim using the dates of service entered.
<b>Unfinished claims</b>	A claim not completed but saved for future submission.
<b>Thresholded Encounters Only</b>	Generate a Thresholded Encounters Report. Report is only accessible to PT 31,35,16

DMS approved: 06/30/2020

Page 78

## 10.2 Submitting a Professional Claim

1. Select **Claims** from the menu.
2. Choose **Claims Submission (Professional)** from the drop-down.



**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | **Claims** | PA | Provider References | RA Viewer | Logout

Tuesday 29 October 2019

Welcome to the Kentucky

Claims Inquiry  
Claims Submission (Dental)  
**Claims Submission (Professional)**  
Claims Submission (Institutional)  
LTC Roster/Submittal  
DRG Letter  
EOB Code Listing


Main Page

Department of Medicaid Services secure website is intended for and billing agents.

[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)



Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Would you like to start receiving paper PA Letters also?

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### 10.2.1 Professional Claim Header

The claim “Header” information appears on this screen, divided in two sections. The section on the left is the Billing Information, the top right contains the Service Information, and the section on the bottom right has the Claim Charges.

Please follow the Provider type Billing Instructions for detailed field-by-field instructions. Appendix A includes a website link for all Medicaid Billing Instructions

#### Professional Claim Header Screen Field Descriptions

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Missed Appointments | Provider References | RA Viewer | Logout

**Professional Claim**

*Header*

**Billing Information:**

- 1 Provider Number:
- 2 Member ID\*:
- 3 Last Name:
- 4 First Name:
- 5 Date of Birth:
- 6 Gender:
- 7 Patient Acct. #:
- 8 Referring Provider:
- 9 CLIA #:
- 10 Prior Authorization:

**Service Information:**

- 11 Claim Type: Medical
- 12 From Date\*:
- 13 To Date\*:
- 14 Accident: None
- 15 Accident Date:
- 16 EPSDT: No

**Service Facility Location:**

- Service Location ID:
- Service Location Name:
- Address:
- City:
- State:  Zip Code:

**Claim Charges:**

- 17 Total Charges: 0.00
- 18 TPL Amount: 0.00
- 19 Total Amount Paid: 0.00
- 20 Carrier Denied?: No
- 21 Co-Pay Amount: 0.00

22 Next

23 Print

Field Number / Menu Selection	Definition of Field Description
<b>Billing Information Section</b>	
1	<b>Provider Number</b> The NPI Number of the billing provider (auto-populated).
2	<b>Member ID</b> Enter the 10-digit Member's KY MEDICAID ID number.
3	<b>Last Name</b> The member's last name (auto-populated).
4	<b>First Name</b> The member's first name (auto-populated).
5	<b>Date of Birth</b> The member's date of birth (auto-populated).
6	<b>Gender</b> The member's gender (auto-populated).
7	<b>Patient Account Number</b> The patient's account number (optional).
8	<b>Referring Provider</b> Enter the referring provider NPI number.
9	<b>CLIA #</b> Enter the CLIA number (optional)
10	<b>Prior Authorization</b> Enter the Prior Authorization number or Treatment Authorization number if applicable.
<b>Service Information Section</b>	
11	<b>Claim Type</b> Select the appropriate claim type from the drop- down box.
12	<b>From Date</b> Enter the first date of service.
13	<b>To Date</b> Enter the through date of service.
14	<b>Accident</b> Indicate whether accident related, <b>Yes</b> or <b>No</b> .



Field Number / Menu Selection	Definition of Field Description
15	<b>Accident Date</b> The date of the accident.
16	<b>EPSDT</b> Indicates an EPSDT-related service, if applicable.
<b>Claim Charges Section</b>	
17	<b>Total Charges</b> This field is auto-populated from detail line charges.
18	<b>TPL Amount</b> Enter any amount paid by private insurance, not Medicare.
19	<b>Total Amount Paid</b> This field is auto-populated after the claim is adjudicated.
20	<b>Carrier Denied?</b> A drop down to answer <b>Yes</b> or <b>No</b> .
21	<b>Co-Pay Amount</b> This field will auto-populate after the claim is adjudicated.
22	<b>Next</b> Advance to the diagnosis screen.
23	<b>Print</b> Allows the user to print the page for recordkeeping.

## 10.2.2 Billing Code Screens

This portion includes separate screens accessed by clicking the appropriate links: **Diagnosis**, **Anesthesia**, and **Condition**. Be sure to click the **Save Code** button after entering the information on each screen.

### 10.2.2.1 Billing Codes – Diagnosis

Diagnosis codes for all claim services will be entered on this screen.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | Trade Files | RA Viewer | Logout

**Professional Claim**

Tuesday 29 October 2019 2:32 pm

Header > [Billing Codes](#) >

Diagnosis Codes\*

[Diagnosis\\*](#) | [Anesthesia](#) | [Condition](#)

Sequence Number:  **1** ICD Version:  ICD-9  ICD-10 **2**

Diagnosis\*  **3** Diagnosis Code\*  **4**

**5**  **6**  **7**

**8**  **9**

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### Professional Claim Diagnosis Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	<b>Sequence Number</b> The sequence number of the anesthesia. This field is auto-populated.
2	<b>Anesthesia Code</b> Select the appropriate code.
3	<b>Diagnosis (drop-down)</b> Select the type of diagnosis, i.e., Principle, Other 1.

<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>4</b>	<b>Diagnosis Code</b> Enter the appropriate code for the member's diagnosis. (Do not enter a decimal in Diagnosis Code.)
<b>5</b>	<b>Save Code</b> Saves the diagnosis information on the claim. A save is required to continue.
<b>6</b>	<b>Add Code</b> Allows the user to add an additional diagnosis code to the claim. Save the code after each additional code is added.
<b>7</b>	<b>Delete Code</b> Allows the user to remove a diagnosis code previously entered on the claim.
<b>8</b>	<b>Next</b> Advance to the next screen.
<b>9</b>	<b>Print</b> Allows the user to print this screen.

## 10.2.2.2 Billing Code – Anesthesia

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | Trade Files | RA Viewer | Logout

**Professional Claim**

Tuesday 29 October 2019 2:36 pm

Header > [Billing Codes](#) > Detail > Summary

Anesthesia Related Procedure Codes

[Diagnosis\\*](#) | [Anesthesia](#) | [Condition](#)

Sequence Number:  **1**

Anesthesia Code:  **2**

**3**     **4**     **5**

**6**

**7**

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## Professional Claim Anesthesia Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	<b>Sequence Number</b> The sequence number of the anesthesia. This field is auto-populated.
2	<b>Anesthesia Code</b> Enter the appropriate code.
3	<b>Save Code</b> Saves the anesthesia information on the claim. A save is required to continue.
	<b>Add Code</b> Allows the user to add an additional anesthesia code to the claim. Save the code after each additional code is added.
7	<b>Delete Code</b> Allows the user to remove an anesthesia code previously entered on the claim.

<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>8</b>	<b>Next</b> Advance to the next screen.
<b>9</b>	<b>Print</b> Allows the user to print this screen.

## 10.2.2.3 Billing Code – Condition

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | Trade Files | RA Viewer | Logout

Professional Claim

Tuesday 29 October 2019 2:38 pm

Header > [Billing Codes](#)

Condition Codes

[Diagnosis\\*](#) | [Anesthesia](#) | [Condition](#)

Sequence Number:  **1**

**2**

**3**     **4**     **5**

**6**

**7**

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## Professional Claim Condition Code Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	<b>Sequence Number</b> The sequence number of the condition. This field is auto-populated.
2	<b>Condition Code (drop-down)</b> Choose the appropriate condition code.
3	<b>Save Code</b> Saves the condition information on the claim. A save is required to continue.
4	<b>Add Code</b> Allows the user to add an additional condition code to the claim. Save the code after each additional code is added.
5	<b>Delete Code</b> Allows the user to remove a condition code previously entered on the claim.

<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>6</b>	<b>Next</b> Advance to the next screen.
<b>7</b>	<b>Print</b> Allows the user to print this screen.

### 10.2.3 Detail Screen

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Missed Appointments | Provider References | RA Viewer | Logout

**Professional Claim**

Header > Billing Codes > Detail > Attachments > Summary

Detail Information

1 Item: 1      2 From DOS\*:      3 To DOS\*:      4 POS\*:      5 School ID:      6 Procedure\*:      7 Modifiers:      8 Number of Children:      9 Diag. Cross-Ref\*:      10 Units\*: 0.00      11 Charges\*: 0.00

12  Pregnancy?      13  Emergency?

14 EPSDT:      Employee ID: 15

16 CLIA #:      CLIA Qualifier: Select a value... 17

18 Rendering Provider\*:      19 Referring Provider:      Ordering Provider: 20

21 Status:      22 Allowed Amount: 0.00      23 Co-Pay Amount: 0.00

24 [Add NDC](#)

25 Save      26 Add      27 Delete

28 Next

29 Print

#### Professional Claim Detail Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	<b>Item</b> Line number of the detail. This field is auto-populated.
2	<b>From DOS</b> Enter the first date the services were provided. The * indicates that this field is required.



Field Number / Menu Selection	Definition of Field Description
3	<p><b>To DOS</b> Enter the last date the services were provided. The * indicates that this field is required.</p>
4	<p><b>POS</b> Select the appropriate place of service from the drop-down box. The * indicates that this field is required.</p>
5	<p><b>School ID</b> Enter the School's Employee ID number (only if you are a school-based provider).</p>
6	<p><b>Procedure</b> Enter the code that represents the service provided. The * indicates that this field is required.</p>
7	<p><b>Modifiers</b> Enter the appropriate two-digit modifier(s) that further describes the service performed.</p>
8	<p><b>Number of Children</b> Enter the number of students when billing for a group service (school-based only).</p>
9	<p><b>Diagnosis Cross Reference</b> Enter the one-byte digit which refers to the diagnosis code line item that is primary to the procedure. This field must be entered or the claim will deny.</p>
10	<p><b>Units</b> Enter the number of units (1 is default).</p>
11	<p><b>Charges</b> The amount charged by the provider.</p>
12	<p><b>Pregnancy</b> Check the box if the service is related to pregnancy.</p>
13	<p><b>Emergency</b> Check the box if the service was an emergency.</p>
14	<p><b>EPSDT</b> Choose the appropriate selection from the drop-down if it is applicable to the procedure.</p>

Field Number / Menu Selection	Definition of Field Description
15	<b>Employee ID</b> Enter the Employee ID number (only if you are a Community Mental Health provider).
16	<b>CLIA #</b>
17	<b>CLIA Qualifier-</b> field is required if CLIA # is entered Select from the following options: F4 – Facility Certification Number (Referring CLIA Number) X4 – Clinical Laboratory Improvement Amendment Number
18	<b>Rendering Provider and taxonomy</b> Enter the NPI of the rendering provider. Enter taxonomy if applicable.
19	<b>Referring Provider</b> Enter the NPI of the referring provider.
20	<b>Ordering Provider</b> Enter the NPI of the ordering provider.
21	<b>Status</b> The status of the claim.
22	<b>Allowed Amount</b> The amount allowed by Kentucky Medicaid (paid claims only).
23	<b>Co-Pay Amount</b> The co-payment deducted from reimbursement. No information should be entered in this field.
24	<b>Add NDC</b> Add NDC code, if applicable.
25	<b>Save</b> This button saves the detail line on the claim.
26	<b>Add</b> This button allows the user to add an additional detail line.
27	<b>Delete</b> This button allows the user to remove the detail line previously entered.
28	<b>Next</b> Advance to the next screen.
29	<b>Print</b> Allows the user to print this screen.

Detail Screen – Ambulance

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**Professional Claim**

Tuesday 29 October 2019 3:38 pm

[Header](#) > [Billing Codes](#) > [Ambulance](#) > [Detail](#) > [Summary](#)

**Ambulatory Logistics Specifications**

**Pick Up Information**

Time of Pick Up\*:  1

Pick Up Address 1\*:  2

Pick Up Address 2:  3

City\*:  4

State\*:  5

Zip Code\*:  6

**Drop Off Information**

Drop Off Address 1\*:  7

Drop Off Address 2:  8

City\*:  9

State\*:  10

Zip Code\*:  11

12

13

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### Professional Claim Ambulance Detail Screen Field Descriptions

**Note:** An asterisk (\*) on the panel indicates a required field.

Field Number / Menu Selection	Definition of Field Description
1	<b>Time of Pick-Up</b> Enter the military time of pick-up.
2	<b>Pick-Up Address 1</b> Enter the physical address where the member was picked up.
3	<b>Pick-Up Address 2</b> Enter the physical address where the member was picked up.
4	<b>City</b> Enter the city where the member was picked up.
5	<b>State</b> Enter the state where the member was picked up.
6	<b>Zip Code</b> Enter the zip code where the member was picked up.
7	<b>Drop-Off Address 1</b> Enter the physical address where the member was dropped off.
8	<b>Drop-Off Address 2</b> Enter the physical address where the member was dropped off.
9	<b>City</b> Enter the city where the member was dropped off.
10	<b>State</b> Enter the state where the member was dropped off.
11	<b>Zip Code</b> Enter the zip code where the member was dropped off.
12	<b>Next</b> Advance to the next screen.
13	<b>Print</b> Allows the user to print this screen.

### 10.2.4 Special Instructions

#### 10.2.4.1 Submitting a Medicare Primary Claim

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**Professional Claim**

Tuesday 29 October 2019 3:10 pm

*Header*

<b>Billing Information:</b> Provider Number: <input type="text"/> Member ID*: <input type="text"/> Last Name: <input type="text"/> First Name: <input type="text"/> Date of Birth: <input type="text"/> Gender: <input type="text"/> Patient Acct. #: <input type="text"/> Referring Provider: <input type="text"/> Prior Authorization: <input type="text"/>	<b>Service Information:</b> Claim Type: <input type="text" value="CrossOver"/> <b>1</b> From Date*: <input type="text"/> To Date*: <input type="text"/> Accident: <input type="text" value="None"/> Accident Date: <input type="text"/> EPSDT: <input type="text" value="No"/>	<b>Claim Charges:</b> Total Charges: <input type="text" value="0.00"/> TPL Amount: <input type="text" value="0.00"/> Total Amount Paid: <input type="text" value="0.00"/> Carrier Denied?: <input type="text" value="No"/> Co-Pay Amount: <input type="text" value="0.00"/>	<b>Medicare:</b> Paid Date*: <input type="text"/> <b>2</b> <b>Medicare Paid Date is required when claim is a crossover</b> Net Amount: <input type="text" value="0.00"/>
--	--	--	---

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**Medicare Crossover Header Field Descriptions**

**Note:** An asterisk (\*) on the panel indicates a required field.

<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>1</b>	<b>Claim Type</b> Select <b>Crossover</b> from the drop-down box when Medicare is primary.
<b>2</b>	<b>Paid Date</b> Enter the Medicare paid date from the Medicare EOMB.

### 10.2.4.2 Medicare Crossover Detail

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**Professional Claim**

Header > Billing Codes > Detail > Attachments > Summary

Detail Information

Item:	<input type="text" value="1"/>	From DOS*:	<input type="text"/>	To DOS*:	<input type="text"/>
POS*:	<input type="text"/>	School ID:	<input type="text"/>		
Procedure*:	<input type="text"/>	Modifiers:	<input type="text"/>	Number of Children:	<input type="text"/>
Diag. Cross-Ref*:	<input type="text"/>	Units*:	<input type="text" value="0.00"/>	Charges*:	<input type="text" value="0.00"/>
<input type="checkbox"/> Pregnancy?		<input type="checkbox"/> Emergency?			
EPSDT:	<input type="text"/>	Employee ID:	<input type="text"/>		
CLIA #:	<input type="text"/>	CLIA Qualifier:	<input type="text" value="Select a value..."/>		
Rendering Provider*:	<input type="text"/>				
Referring Provider:	<input type="text"/>	Ordering Provider:	<input type="text"/>		
Status:	<input type="text"/>	Allowed Amount:	<input type="text" value="0.00"/>	Co-Pay Amount:	<input type="text" value="0.00"/>
1 Patient Responsibility:	<input type="text" value="0.00"/>	4 Medicare Paid Amount*:	<input type="text" value="0.00"/>		
2 Medicare Deductible*:	<input type="text" value="0.00"/>	5 Medicare Coinsurance*:	<input type="text" value="0.00"/>		
3 Medicare Co-Pay*:	<input type="text" value="0.00"/>				

[Add NDC](#)

Save Add Delete

Next

Print

**Medicare Crossover Detail Field Descriptions**

**Note:** An asterisk (\*) on the panel indicates a required field.

<b>Field Number / Menu Selection</b>	<b>Definition of Field Description</b>
<b>1</b>	<b>Patient Responsibility</b> Enter the patient responsibility amount from the Medicare EOMB.
<b>2</b>	<b>Medicare Deductible</b> Enter the deductible from the Medicare EOMB, if applicable.
<b>3</b>	<b>Medicare Copay</b> Enter the Copay from the Medicare EOMB, if applicable.
<b>4</b>	<b>Medicare Paid Amount</b> Enter the paid amount from the Medicare EOMB.
<b>5</b>	<b>Medicare Coinsurance</b> Enter the Medicare coinsurance from Medicare EOMB if applicable.



### 10.2.5 Attachment Screen

Below are instructions for utilizing screen functionality.

1. Select **Browse** to find the file to attach.
2. Select **Upload** to attach file to claim.

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**Professional Claim**

Monday 9 March 2020 1:31 pm

[Header](#) > [Billing Codes](#) > [Detail](#) > [Attachments](#) > [Summary](#)

**Claim Status:** Unfinished  
**ICN Region:**  
**Medicaid Id:**  
**Member Name:**

For claims requiring attachments, file size should not exceed 5MB and files quantity should not exceed 10  
The accepted file types are: docx, xlsx, pdf, jpg, png, tif, tiff, gif, bmp

File:  
C:\Users\msatterwhit2\Desktop\megan\BA Doco\test.docx  **1**

**2**

**Attachments**  
There are no attachments associated with the current claim

**3**  
 **4**

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**Attachments Screen Continued:**

Screen displays after upload is selected

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**Professional Claim**

Monday 9 March 2020 1:31 pm

[Header](#) > [Billing Codes](#) > [Detail](#) > [Attachments](#) > [Summary](#)

**Claim Status:** Unfinished  
**ICN Region:**  
**Medicaid Id:**  
**Member Name:**

For claims requiring attachments, file size should not exceed 5MB and files quantity should not exceed 10  
 The accepted file types are: docx, xlsx, pdf, jpg, png, tif, tiff, gif, bmp

File:

Attachments

File Name	File Status	Delete
<a href="#">test.docx</a> <span style="border: 1px solid red; border-radius: 50%; padding: 2px 5px; color: white; font-weight: bold;">5</span>	Received	<del>X</del> <span style="border: 1px solid red; border-radius: 50%; padding: 2px 5px; color: white; font-weight: bold;">6</span>

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**Attachment Screen Field Descriptions**

<b>Field Description</b>	<b>Definition of Field Description</b>
<b>1</b>	<b>Browse</b> Allows the user to search for file.
<b>2</b>	<b>Upload</b> Allows the user to attach a file to the claim.
<b>3</b>	<b>Next</b> Click <b>Next</b> to continue to the <b>Summary</b> screen.
<b>4</b>	<b>Print</b> Allows the user to print this screen.
<b>5</b>	<b>Attachments Link</b> Allows the user to view attachment
<b>6</b>	<b>Remove</b> Allows the user to remove attachment

**10.2.6 Summary Screen****Summary Screen**

Allows the user to verify the data before submitting the claim.

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### Professional Claim

[Header](#) > [Billing Codes](#) > [Detail](#) > [Attachments](#) > [Summary](#) **1**

**2** **Billing Information**

Provider Number:  
Member ID:  
Last Name:  
First Name:  
Date of Birth:  
Gender:  
Patient Acct. #:  
Referring Provider:  
CLIA Number:  
Prior Authorization:

**3** **Service Information**

From Date: 04/20/2013 To Date: 04/20/2013  
Accident: N Accident Date:  
EPSDT: N

**4** **Service Facility Location**

Service Location ID:  
Service Location Name:  
Address:  
City:  
State: Zip Code:

**5** **Claim Charges**

Total Charges: 3715.00  
TPL Amount: 0.00  
Total Amount Paid:  
Carrier Denied?: N  
Co-Pay Amount: 0.00

**6** **Payment Details**

Check Number: N/A  
Payment Amount: 0.00  
RA #:

**7** **Diagnosis Codes**

Item	Diagnosis Code (ICD-9)
1	110

**8** **Header Attachments**

File Id	File Name
1	Attachment_test.docx

**Detail Attachments**

**9** **Details**

Item	From DOS	TO DOS	Procedure Code	Units Billed	Charges
1	04/20/2013	04/20/2013	44205	1.00	3715.00

**10** Submit Claim **11** Print

## Summary Screen Field Descriptions

Field Number / Menu Selection	Definition of Field Description
1	<p><b>Summary</b> Identifies this as the <b>Summary</b> screen.</p>
2	<p><b>Billing Information</b> Identifies this section as the <b>Billing Information</b> section of the <b>Summary</b> screen.</p>
3	<p><b>Service Information</b> Identifies this section as the <b>Service Information</b> section of the <b>Summary</b> screen.</p>
4	<p><b>Service Facility Location</b> Identifies this section as the <b>Service Facility Location</b> section of the <b>Summary</b> screen.</p>
5	<p><b>Claim Charges</b> Identifies this section as the <b>Claim Charges</b> section of the <b>Summary</b> screen.</p>
6	<p><b>Payment Details</b> Identifies this section as the <b>Payment Details</b> section of the <b>Summary</b> screen.</p>
7	<p><b>Diagnosis Codes</b> Identifies this section as the <b>Diagnosis Codes</b> section of the <b>Summary</b> screen. (Click the diagnosis item number to return to that diagnosis code).</p>
8	<p><b>Attachments</b> Identifies this section as the <b>Attachments</b> section of the <b>Summary</b> screen.</p>
9	<p><b>Details</b> Identifies this section as the <b>Details</b> section of the <b>Summary</b> screen. (Click the <b>Details Item</b> link to return to that detail.)</p>
10	<p><b>Submit Claim</b> Click the <b>Submit Claim</b> button to finalize the claim.</p>
11	<p><b>Print</b> Allows the user to print this screen.</p>

### Submitted Claim

Claim ICN region is 23, which denotes KYHealthNet claim **with** attachment.

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 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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Professional Claim

[Header](#) > [Billing Codes](#) > [Detail](#) > [Attachments](#) > [Summary](#)

Claim Status	Suspended
Threshold	N
Claim ICN	2322271001001
Paid Date	0
Allowed Amount	
Spenddown Amount	

Header EOB	Disposition	Description
9663	S - SUSPENDED	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.

**Billing Information:**

Provider Number:

**Member ID\*:**

Last Name:

First Name:  W

Date of Birth:

Gender:

Patient Acct. #:

Referring Provider:

Prior Authorization:

**Service Facility Location:**

Service Location ID:

Service Location Name:

Address:

City:

State:  Zip Code:

**Service Information:**

Claim Type:

**From Date\*:**

**To Date\*:**

Accident:

Accident Date:

EPSDT:

**Claim Charges:**

Total Charges:

TPL Amount:

Total Amount Paid:

Carrier Denied?:

Co-Pay Amount:

### 10.3 EDI Claim Attachments

When an EDI claim comes in with an 'FT' transmission code in the PWK segment, KYHealthNet will recognize this as an EDI claim with attachment(s) and allow the user to finalize the claim by uploading the respective attachment(s).

- These are EDI claims, and per X12 guidelines there can be **header** and **detail** attachments.
- There is a limit of 10 attachments at the header level and 10 attachments at the detail level.
- If an EDI claim has more than 10 header or detail 'FT' PWK segments, KYHealthNet will only recognize the first 10 (per header and detail).
- The ICN region for EDI claims with attachments is '21'.
- If a user submits 5 PWK segments with 'FT' on the EDI claim, then they will have to upload 5 attachments on KYHealthNet for this claim, in order to be able to finalize it.
- Adjustments will work the same as KYHealthNet claims with attachments (cannot adjust a PAID '23' or '21' ICN)
- If a user goes in to resubmit a denied '21' ICN, the attachments will follow the KYHealthNet claim attachments guidelines (since they will be resubmitting, it will change the ICN to a region '23' – KYHealthNet claim with attachments and will no longer be an EDI claim)

#### Search Claim

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

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Claim Inquiry: 1326091448

Sunday 18 April 2021 4:36 pm

Provider:  0X

Search Criteria

Member ID:   
 Patient Acct. #:   
 ICN or TCN:

Claim Status:    
 Date Type:  Date Of Service  
                    Warrant Date

From Date:    
 Thru Date:

ICN	From DOS	To DOS	Adjudicated Date	Amount Billed	Claim Status	Member ID	Claim Type
2121105001008	01/21/2021	01/30/2021		\$40.00	Suspended	7571391228	PROFESSIONAL CLAIMS
							1

View Header

**KENTUCKY**  
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**Professional Claim**

Sunday 18 April 2021 4:37 pm

[Header](#) > [Billing Codes](#) > [Detail](#) > [Attachments](#) > [Summary](#)

Claim Status	Suspended
Claim ICN	2121105001008
Paid Date	0
Allowed Amount	
Spenddown Amount	
<b>Header EOB Description</b>	
9663	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.
9663	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.
1863	HEADER RENDERING PROVIDER TAXONOMY CODE NOT VALID FOR PROVIDER FOR DATE OF SERV
1863	HEADER RENDERING PROVIDER TAXONOMY CODE NOT VALID FOR PROVIDER FOR DATE OF SERV
<b>Detail EOB Description</b>	
#1	
9663	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.
9663	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM.
1010	RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP.
1010	RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP.



Navigate to Attachments Screen

1. Select **Browse** to find the EDI file to attach.
2. Select a **File ID** from the dropdown.
3. Select **Upload File** button to attach the EDI file to the claim.

<b>Claim Status:</b>	S
<b>ICN Region:</b>	2121105001008
<b>Medicaid Id:</b>	7571:
<b>Member Name:</b>	KIDI

**To finalize your electronic claim with attachment(s):**

1. Click **Choose File / Browse** to browse for appropriate attachment for the selected file id
2. Use **File Id** dropdown to select header or detail
3. Click **Upload File**
4. Repeat Steps 1-3 until ALL File Id numbers have attachments uploaded

**\*You MUST add an attachment for each file id or you will not be able to finalize the claim\***

5. Once all attachments have been uploaded, click Finalize.

**\*This is the final step and will send the attachments through to be processed with the claim\***

**\*If any changes are needed, you will have to wait until the claim adjudicates, as per normal process of a suspended claim\***

**For claims requiring attachments, file size should not exceed 5MB and files quantity should not exceed 10**

**The accepted file types are: docx, xlsx, pdf, jpg, png, tif, tiff, gif, bmp**

File:

File Id:

Header Attachments			
File Id	File Status	File Name	Delete
Header_1			
Header_2			
Header_3			
Header_4			
Header_5			
Header_6			

Detail Attachments			
File Id	File Status	File Name	Delete
Detail_1			
Detail_2			
Detail_3			

Attachments Screen continued

Detail Attachments

1. Select **Browse** to find the EDI file to attach.
2. Select **File ID** from the dropdown.
3. Select **Upload File** button to attach the EDI file to the claim.

File:

File Id:

Detail\_1 ▼

---

**Header Attachments**

File Id	File Status	File Name	Delete
Header_1	Received	<a href="#">EDI claim attachment TEST attach.docx</a>	<del>X</del>
Header_2	Received	<a href="#">EDI claim attachment TEST attach2.docx</a>	<del>X</del>
Header_3	Received	<a href="#">EDI claim attachment TEST attach3.docx</a>	<del>X</del>
Header_4	Received	<a href="#">EDI claim attachment TEST attach4.docx</a>	<del>X</del>
Header_5	Received	<a href="#">EDI claim attachment TEST attach5.docx</a>	<del>X</del>
Header_6	Received	<a href="#">EDI claim attachment TEST attach6.docx</a>	<del>X</del>

---

**Detail Attachments**

File Id	File Status	File Name	Delete
Detail_1			
Detail_2			
Detail_3			

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Once all EDI files are uploaded, user selects the Finalize Claim button.

Note: If a file needs to be deleted the user must do so before finalizing the claim.

*\*If any changes are needed, you will have to wait until the claim adjudicates, as per normal process of a suspended claim\**

**For claims requiring attachments, file size should not exceed 5MB and files quantity should not exceed 10**

**The accepted file types are: docx, xlsx, pdf, jpg, png, tif, tiff, gif, bmp**

---

**Header Attachments**

File Id	File Status	File Name	Delete
Header_1	Received	<a href="#">EDI claim attachment TEST attach.docx</a>	<a href="#">X</a>
Header_2	Received	<a href="#">EDI claim attachment TEST attach2.docx</a>	<a href="#">X</a>
Header_3	Received	<a href="#">EDI claim attachment TEST attach3.docx</a>	<a href="#">X</a>
Header_4	Received	<a href="#">EDI claim attachment TEST attach4.docx</a>	<a href="#">X</a>
Header_5	Received	<a href="#">EDI claim attachment TEST attach5.docx</a>	<a href="#">X</a>
Header_6	Received	<a href="#">EDI claim attachment TEST attach6.docx</a>	<a href="#">X</a>

---

**Detail Attachments**

File Id	File Status	File Name	Delete
Detail_1	Received	<a href="#">EDI claim attachment TEST attach7.docx</a>	<a href="#">X</a>
Detail_2	Received	<a href="#">EDI claim attachment TEST attach8.docx</a>	<a href="#">X</a>
Detail_3	Received	<a href="#">EDI claim attachment TEST attach9.docx</a>	<a href="#">X</a>

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The claim is now finalized no other updates can be made.

Header Attachments			
File Id	File Status	File Name	Delete
Header_1	In Process	EDI_claim_attachment_TEST_attach.docx	
Header_2	In Process	EDI_claim_attachment_TEST_attach2.docx	
Header_3	In Process	EDI_claim_attachment_TEST_attach3.docx	
Header_4	In Process	EDI_claim_attachment_TEST_attach4.docx	
Header_5	In Process	EDI_claim_attachment_TEST_attach5.docx	
Header_6	In Process	EDI_claim_attachment_TEST_attach6.docx	

Detail Attachments			
File Id	File Status	File Name	Delete
Detail_1	In Process	EDI_claim_attachment_TEST_attach7.docx	
Detail_2	In Process	EDI_claim_attachment_TEST_attach8.docx	
Detail_3	In Process	EDI_claim_attachment_TEST_attach9.docx	

Last Updated: 3/30/2021

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### Summary Page

View the finalized claim.

<b>Billing Information</b> Provider Number 1326 Member ID 7571 Last Name KID First Name LAC Date of Birth 03/07/2005 Gender F Patient Acct. # 00011 Referring Provider 1326 Prior Authorization		<b>Service Information</b> From Date 01/21/2021 To Date 01/30/2021 Accident Date EPSDT																									
<b>Service Facility Location</b> Service Location ID: Service Location Name: Address: City: State: Zip Code:		<b>Claim Charges</b> Total Charges 40.00 TPL Amount 0.00 Total Amount Paid Carrier Denied? Co-Pay Amount 0.00																									
<b>Diagnosis Codes</b> <table border="1"> <thead> <tr> <th>Items</th> <th>Diagnosis Code (ICD-10)</th> </tr> </thead> <tbody> <tr><td>1</td><td>F959</td></tr> <tr><td>2</td><td>G514</td></tr> <tr><td>3</td><td>G5139</td></tr> <tr><td>4</td><td>F840</td></tr> <tr><td>5</td><td>M62838</td></tr> <tr><td>6</td><td>E6601</td></tr> <tr><td>7</td><td>R5382</td></tr> <tr><td>8</td><td>Z79899</td></tr> </tbody> </table>				Items	Diagnosis Code (ICD-10)	1	F959	2	G514	3	G5139	4	F840	5	M62838	6	E6601	7	R5382	8	Z79899						
Items	Diagnosis Code (ICD-10)																										
1	F959																										
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3	G5139																										
4	F840																										
5	M62838																										
6	E6601																										
7	R5382																										
8	Z79899																										
<b>Header Attachments</b> <table border="1"> <thead> <tr> <th>File Id</th> <th>File Name</th> </tr> </thead> <tbody> <tr><td>1</td><td>EDI_claim_attachment_TEST_attach.docx</td></tr> <tr><td>2</td><td>EDI_claim_attachment_TEST_attach2.docx</td></tr> <tr><td>3</td><td>EDI_claim_attachment_TEST_attach3.docx</td></tr> <tr><td>4</td><td>EDI_claim_attachment_TEST_attach4.docx</td></tr> <tr><td>5</td><td>EDI_claim_attachment_TEST_attach5.docx</td></tr> <tr><td>6</td><td>EDI_claim_attachment_TEST_attach6.docx</td></tr> </tbody> </table>				File Id	File Name	1	EDI_claim_attachment_TEST_attach.docx	2	EDI_claim_attachment_TEST_attach2.docx	3	EDI_claim_attachment_TEST_attach3.docx	4	EDI_claim_attachment_TEST_attach4.docx	5	EDI_claim_attachment_TEST_attach5.docx	6	EDI_claim_attachment_TEST_attach6.docx										
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6	EDI_claim_attachment_TEST_attach6.docx																										
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<b>Details</b> <table border="1"> <thead> <tr> <th>Items</th> <th>From DOS</th> <th>TO DOS</th> <th>Procedure Code</th> <th>Units Billed</th> <th>Charges</th> </tr> </thead> <tbody> <tr><td>1</td><td>01/30/2021</td><td>01/30/2021</td><td>99213</td><td>1.00</td><td>20.00</td></tr> <tr><td>2</td><td>01/21/2021</td><td>01/21/2021</td><td>99213</td><td>1.00</td><td>10.00</td></tr> <tr><td>3</td><td>01/22/2021</td><td>01/22/2021</td><td>99213</td><td>1.00</td><td>10.00</td></tr> </tbody> </table>				Items	From DOS	TO DOS	Procedure Code	Units Billed	Charges	1	01/30/2021	01/30/2021	99213	1.00	20.00	2	01/21/2021	01/21/2021	99213	1.00	10.00	3	01/22/2021	01/22/2021	99213	1.00	10.00
Items	From DOS	TO DOS	Procedure Code	Units Billed	Charges																						
1	01/30/2021	01/30/2021	99213	1.00	20.00																						
2	01/21/2021	01/21/2021	99213	1.00	10.00																						
3	01/22/2021	01/22/2021	99213	1.00	10.00																						

Print

## 10.4 Adjust or Void Claim Screen

To ADJUST a paid claim:

1. Select **Claim Inquiry**.
2. Enter the Member information and dates of service or enter the claim Internal Control Number.
3. Click the **Next** button to advance.
4. Correct the information on the claim.
5. Save the updated information.
6. Click the **Adjust** button.

To VOID a paid claim:

1. Select **Claim Inquiry**.
2. Enter the Member information and dates of service or enter the claim Internal Control Number.
3. Click the **Next** button to advance.
4. Click the **Void Claim** button.

If the claim does not show an **Adjust** or **Void Claim** button, the claim was previously adjusted or voided.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**Professional Claim**

Tuesday 29 October 2019 3:05 pm

[Header](#) > [Billing Codes](#) > [Detail](#) > [Summary](#)

Claim Status: Paid  
Claim ICN:   
Paid Date: 20190620  
Allowed Amount: 78.75  
Spended Amount:   
Detail EOB Description  
#1

9935 PRICING ADJUSTMENT - MAX FLAT FEE PRICING APPLIED

Billing Information:

Provider Number:   
Member ID\*:   
Last Name:   
First Name:   
Date of Birth:   
Gender:   
Patient Acct. #:   
Referring Provider:   
Prior Authorization:

Service Information:

Claim Type:   
From Date\*:  To Date\*:   
Accident:  Accident Date:   
EPSDT:

Claim Charges:

Total Charges:   
TPL Amount:   
Total Amount Paid:   
Carrier Denied?:   
Co-Pay Amount:

**1**

**2**  **3**  **4**  **5**

Last Updated: 10/28/2019

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**Adjust/Void Field Descriptions**

Field Description	Definition of Field Description
1	<b>Next</b> Navigates the user through the claim.
2	<b>Adjust</b> Make the correction to adjust a paid claim. Click <b>Save</b> when a <b>Save</b> button is available.
3	<b>Void Claim</b> Click <b>Void Claim</b> to reverse a paid claim.
4	<b>Copy Claim</b> Click <b>Copy Claim</b> to copy the current paid claim.
5	<b>Print</b> Allows the user to print this screen.



## 10.5 Supplemental Claims

### 10.5.1 Supplemental Claims Display of Encounter Data

The **Supplemental Claims** page allows Primary Care Center (provider type 31) and Rural Health Center (provider type 35) providers to view additional supplemental claim data. The page will display the encounter or encounters that generated the supplemental claim, along with the MCO Paid Amount, Calculated Medicaid Allowed Amount, and TPL Amount for the encounter(s). Users can click the ICN of the encounter(s) to view additional information for that encounter.

KENTUCKY  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout
Main Page

Thursday 24 October 2019

Welcome to the Kentucky


- Claims Inquiry
- Claims Submission (Dental)
- Claims Submission (Professional)
- Claims Submission (Institutional)
- Supplemental Claims
- LTC Roster/Submittal
- DRG Letter
- EOB Code Listing

Department of Medicaid Services secure website is intended for and billing agents.

[Click Here for Important Messages](#) (last updated June 17, 2019)

Provider

Switch Working Provider



- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Supplemental Claims](#)
- [Eligibility Verification](#)

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Would you like to start receiving paper PA Letters also?

[Contact Us](#)
Last Updated: 9/10/2019

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

### Supplemental Claim Information

Thursday 24 October 2019 11:00 am

Provider:   
Claim ICN:

Last Updated: 8/16/2019

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KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

### Supplemental Claim Information

Thursday 24 October 2019 11:02 am

Provider:   
Claim ICN:

Physician Claim ICN:			
Linked ICN	MCO Paid Amount	Encounter Medicaid Allowed Amount	Encounter TPL Amount
	\$47.41	\$154.36	\$0.00

Last Updated: 8/16/2019

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The **Supplemental Claims** panel will allow the provider to click on each encounter ICN and it will pull up the matching encounter in KYHealthNet so that they can see additional data from the encounter. Please note these are the standard KYHealthNet claims panels and nothing has been changed/added to these panels.

## 10.6 Supplemental Report

### 10.6.1 Supplemental Report

The **Supplemental Report** page allows Primary Care Center (provider type 31), Rural Health Center (provider type 35) and Certified Community Behavioral Health Clinic (provider type 16) providers to run a report to view supplemental claim data. The report link is located under Claims.

The screenshot displays the KYHealthNet Professional User Manual interface. At the top, it reads "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)". Below this is a navigation bar with links: "Provider Home | Member | Claims | PA | Missed Appointments | Provider References | RA Viewer | Logout". The main content area shows a date "Thursday 28 October 20" and a "Welcome to the Kentucky" message. A dropdown menu is open, listing options: "Claims Inquiry", "Claims Submission (Dental)", "Claims Submission (Professional)", "Claims Submission (Institutional)", "Supplemental Claims", "Supplemental Report" (highlighted), "LTC Roster/Submittal", "DRG Letter", and "EOB Code Listing". To the right, there is a "Main Page" header and a notice: "Department of Medicaid Services secure website is intended for and billing agents." Below this is a "Pages" link with the text "(last updated June 17, 2019)". A "Provider" dropdown menu shows "1427574862 - 261QF0400X" and a "Switch Working Provider" button. On the left, a list of links includes: "Claim Inquiry", "Submit Dental Claim", "Submit Professional Claim", "Submit Institutional Claim", "Supplemental Claims", "Eligibility Verification", and "Provider Status". At the bottom right, there is an image of a healthcare professional examining a patient's eye.

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Missed Appointments](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**Supplemental Report**

---

**Report Criteria**

Provider: 1427574862 - 261QF0400X ▼

**Generate Supplemental report based on the criteria entered below:**

Optional Criteria

Member ID:

Claim Status:  Paid  Denied

Required Fields

**Paid Date or DOS is Required**

Paid Date      From Date:

Date of Service      To Date:

Report Layout

Select Report Layout:  CSV  PDF

**NOTE: Report may not reflect Supplemental data to be processed during the next weekly financial cycle that runs every Friday night**

**KENTUCKY**  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Missed Appointments](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**Supplemental Report**

**Report Criteria**

Provider: 1871567362 - 261QR1300X ▼

**Generate Supplemental report based on the criteria entered below:**

Optional Criteria

Member ID:

Claim Status:  Paid  Denied

Required Fields

**Paid Date or DOS is Required**

Paid Date

Date of Service

From Date: 08/01/2022

To Date: 08/20/2022

Maximum date range is 7 days

Report Layout

Select Report Layout:  CSV  PDF

## Report Criteria

### Optional Criteria:

- Member ID
- Claim Status

### Required Criteria:

- Paid Date
- **or** Date of Service (Date range is limited to 7 days , no limit on Month or Year)

### Report Layout

- CSV - Comma Separated Values (can be downloaded to Excel)
- PDF - Portable Document Format

Once criteria is entered, select the Generate Report button. The screen displays a 'Loading the Report' message until the report is compiled and ready for download.

KENTUCKY  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Missed Appointments](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Supplemental Report

Report Criteria

Provider

Generate Supplemental report based on the criteria entered below:

Optional Criteria

Member ID:

Claim Status:  Paid  Denied

Required Fields

Paid Date or DOS is Required

Paid Date      Date:

Date of Service

Report Layout

Please wait, loading the report... Do not refresh the page

The report is ready for download.

### Report Output

BILLING PROVIDER NPI	BILLING PROVIDER TYPE																
123456789	31																
MEMBER ID	FDOS	MRN NUM	MCO ICN	MMIS ICN	MCO PAID AMOUNT	TPL AMOUNT SUBMITTED	SUPP ICN	SUPP PAID AMOUNT	SUPP PAID DATE	MEDICARE PAID AMOUNT	CLINIC NAME	CLINIC ADDRESS	CLINIC CITY	CLINIC STATE	CLINIC ZIP		

### Report Fields

- Billing Provider NPI
- Billing Provider Type
- Member ID
- FDOS
- MRN Number
- MCO ICN
- MMIS ICN
- MCO Paid Amount

- TPL Amount Submitted
- Supplemental ICN
- Supplemental Paid Amount
- Supplemental Paid Date
- Medicare Paid Amount
- Clinic Name
- Clinic Address
- Clinic City
- Clinic State
- Clinic Zip

## 10.7 Thresholded Report

Located under Claim Inquiry

The **Thresholded Encounters Report** allows Primary Care Center (provider type 31) Rural Health Center (provider type 35) and Certified Community Behavioral Health Clinic (provider type 16) providers to run a report to view Thresholded Encounter data. The report is accessed through the Claims Inquiry page by selecting the Thresholded Encounters Only checkbox.

The screenshot displays the 'Claim Inquiry' page for claim number 1427574862. The page header includes 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and 'KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMIS)'. The navigation bar shows 'Provider Home | Member | Claims | PA | Missed Appointments | Provider References | RA Viewer | Logout'. The main content area shows the claim number and a 'Refresh Unfinished Claims' button. Below this is a 'Search Criteria' section with the following fields: Member ID, Patient Acct. #, ICN or TCN, Claim Status (Any Status), Date Type (Date Of Service selected, Warrant Date), From Date (09/20/2022), and Thru Date (09/27/2022). A red box highlights the 'Thresholded Encounters Only' checkbox, which is currently unchecked. A 'Search' button is located at the bottom of the search criteria section.

1. Select the checkbox Thresholded Encounters Only.
2. Enter additional search criteria
3. Select Search button

**KENTUCKY**  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Missed Appointments](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Claim Inquiry: 1427574862

Tuesday 27 September 2022 3:10 pm

Provider: 1427574862 - 261QF0400X ▾

Refresh Unfinished Claims

Search Criteria

Member ID:  Claim Status: Any Status ▾

Patient Acct. #:  Date Type:  Date Of Service  
 Warrant Date

ICN or TCN:  From Date: 09/20/2021  Thru Date: 09/27/2021

Search

Thresholded Encounters Only:

ICN	From DOS	To DOS	Adjudicated Date	Amount Billed	Claim Status	Threshold	Member ID	Claim Type
	09/23/2021	09/23/2021		\$119.00	Paid	Y		PROFESSIONAL CLAIMS
	09/22/2021	09/22/2021		\$204.04	Paid	Y		PROFESSIONAL CLAIMS

Generate Threshold Report

4. Select Generate Threshold Report
5. Report Returns

MMIS ICN	MCO ICN	MEMBER ID	THRESHOLD EOB	THRESHOLD EOB DSC	DTE BILLED	TDOS	FDOS	MRN	MCO MEMBER ID	SUBMITTER ID
----------	---------	-----------	---------------	-------------------	------------	------	------	-----	---------------	--------------

**Report Fields**

- MMIS ICN
- Member ID
- Thresholded EOB
- Thresholded EOB Description
- Date Billed
- TDOS
- FDOS
- MRN
- MCO Member ID
- Submitter ID



System Message: If the Thresholded Encounter Only checkbox is select but no results are returned the system will display the following Message: **Data Is Unavailable Due To Encounters Retention Policy**

The screenshot shows the KY HealthNet Professional User Manual interface. At the top, it displays "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES" and "KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)". Below this is a navigation bar with links: "Provider Home | Member | Claims | PA | Missed Appointments | Provider References | RA Viewer | Logout". The main header area shows "Claim Inquiry: 1427574862" and the date "Thursday 14 July 2022 11:10 am".

The search criteria form includes the following fields and options:

- Provider: 261QF0400X (dropdown menu)
- Refresh Unfinished Claims (button)
- Member ID: (text input)
- Claim Status: Any Status (dropdown menu)
- Thresholded Encounters Only:  (checkbox)
- Patient Acct. #: (text input)
- Date Type:  Date Of Service,  Warrant Date (radio buttons)
- ICN or TCN: (text input)
- From Date: 06/07/2022 (calendar icon)
- Thru Date: 07/14/2022 (calendar icon)
- Search (button)

A red error message is displayed at the bottom of the form: "Data is unavailable due to Encounters Retention Policy".

## 10.8 DRG Letter

1. Select **Claims** from the menu.
2. Choose **DRG Letter** from the drop-down.

KENTUCKY  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

Monday 14 October 2019

Welcome to the Kentucky

Main Page

Department of Medicaid Services secure website is intended for  
and billing agents.

[Click Here for Important Messages](#) (last updated September 27, 2019)

Provider



- [Claim Inquiry](#)
- [Submit Dental Claim](#)
- [Submit Professional Claim](#)
- [Submit Institutional Claim](#)
- [Eligibility Verification](#)
- [Provider Status](#)

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Would you like to start receiving paper PA Letters also?

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The following screen will appear.

The screenshot displays the KYMMIS interface for searching Diagnostic Related Group (DRG) Letters. The header includes the Kentucky Cabinet for Health and Family Services logo and navigation links: Provider Home, Member, Claims, PA, Provider References, RA Viewer, and Logout. The page title is 'Diagnostic Related Group (DRG) Letters' and the timestamp is 'Monday 14 October 2019 2:32 pm'. A 'Search Criteria' box contains the following fields: 'Provider' (dropdown), 'Member ID' (text), 'Letter Type' (dropdown), 'Case #' (text), and 'Date Sent' (calendar). A 'Search DRG Letters' button is positioned below these fields. The footer includes a 'Contact Us' link, privacy and disclaimer links, and copyright information: 'Copyright © 2005 Commonwealth of Kentucky All rights reserved'. The text 'Last Updated: 8/16/2019' is located in the bottom right corner of the search area.

A Member ID, Letter Type, Case #, or Date Sent must be entered to limit the search parameters.

3. Click the **Search DRG Letters** button to return the data.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**Diagnostic Related Group (DRG) Letters**

Monday 14 October 2019 2:33 pm

**Search Criteria**

Provider:   Member ID:

Letter Type:

Case #:  Date Sent:

Letter Type	Case Number	Member ID	Member Name	Request Date	Date Sent
<a href="#">Technical Denial Letter (EDS Case Number;Provider No.;Member ID)</a>				09/20/2019	09/22/2019
<a href="#">Technical Denial Letter (EDS Case Number;Provider No.;Member ID)</a>				09/20/2019	09/22/2019
<a href="#">Technical Denial Letter (EDS Case Number;Provider No.;Member ID)</a>				09/20/2019	09/22/2019
					1

Last Updated: 8/16/2019

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- Click the link of the letter to view. The letter, with options to save or print, is displayed.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

**Diagnostic Related Group (DRG) Letters**

Monday 14 October 2019 2:35 pm



**DXC.technology**

Enterprise Services  
 456 Chamberlin Ave.  
 Frankfort, KY 40601  
 502.209.8000

Date: 09/22/2019

To: From:

**Re: Technical Denial**

Patient Name:	Member Id:
Patient DOB:	Medical Record No:
DXC Case No:	Hospital Provider No:
Patient Status:	NP:
Admission Date:	Attending Physician Name:
Admission Source:	Attending Physician ID:
Admission Type:	IGN:
LOS:	DRG:
Discharge Date:	Date Paid:
Review Month:	Total Amount Paid:


DXC Technology has contracted with Carewise Health, a Utilization Review agency, to perform the review of services provided to Medicaid recipients.

The above mentioned Medicaid member's medical record was not produced for review within the requested time frame. The following decision was rendered:

**Technical Denial:**  
**Records requested for review by the Kentucky Department for Medicaid Services (DMS) or its designee must be supplied within 30 days of the request. Failure to produce records within the 30 days will result in the recoupment of Medicaid payments. There is no appeal for technical denials.**

Should you have any questions or concerns, you may contact the Carewise Health review team by calling 1-877-324-2461 ext: 66301.

Disclaimer: The information in this letter is CONFIDENTIAL and contains Protected Health Information that may only be redisclosed in accordance with the 45 CFR Parts 160, 162 and 164 (Standards for Privacy of Individually Identifiable Health Information).



Save a copy (Shift+Ctrl+S)

## 10.9 EOB Code Listing

1. Select **Claims** from the menu.
2. Choose **EOB Code Listing** from the drop-down.

This page lists all the EOB errors that are available in the MMIS.

**KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [Trade Files](#) | [RA Viewer](#) | [Logout](#)

**EOB Descriptions**

Monday 14 October 2019 2:24 pm

EOB	Description
0001	PLEASE VERIFY THE DATES OF SERVICE. HEADER FROM DATE OF SERVICE IS MISSING OR INVALID.
0002	THE ADMITTING DATE OF SERVICE IS MISSING/INVALID OR LATER THAN THE FROM DATE OF SERVICE.
0003	PLEASE VERIFY THE DATES OF SERVICE. THE TO DATE OF SERVICE IS INVALID, MISSING, FUTURE DATE OR LESS THAN THE FROM DATE OF SERVICE.
0004	MEDICARE PAID DATE IS MISSING OR INVALID.
0005	EACH PROVIDER IS LIMITED TO BILLING ONLY 1 OF THE FOLLOWING PROCEDURES(HOSP ADM, ER VIS, CONSULT, OV)/MEMBER/SAME DOS. YOU HAVE ALREADY RECEIVED PAYMENT FOR 1 OF THESE PROCEDURES.
0006	THE DISCHARGE DATE IS MISSING OR INVALID.
0007	TOTAL DAYS DO NOT EQUAL THE DIFFERENCE BETWEEN FROM AND TO DATES.
0008	CLAIM DENIED REQUEST FOR PAYMENT WAS REC'D BEYOND MEDICAID FILING LMT CLAIMS MUST BE FILED WITHIN 1 YR OF THE DOS OR WITHIN 6 MONTHS OF MEDICARE PD DATE WHICHVER IS LATER
0009	CLAIM DENIED. RESEARCH DATA UNAVAILABLE TO PROCESS CLAIM PLEASE RESUBMIT CLAIM WITH ITEMIZED BILL. SUMMARY STATEMENT FOR ENTIRE ADMISSION.
0010	CLAIM DENIED. PLEASE RESUBMIT CLAIM WITH ANESTHESIA REPORT.
0011	NUMBER OF UNITS BILLED IS NOT EQUAL TO DATE SPAN
0012	ONLY ONE UNIT IS PAYABLE PER DATE OF SERVICE FOR THIS SERVICE. UNITS OF SERVICE CHANGED TO ONE.
0013	DISCHARGE DATE IS PRIOR TO THROUGH DATE OF SERVICE.
0014	CODE INDICATING SUPERVISING PROFESSIONAL IS MISSING/INVALID.
0015	CLAIM/DETAIL DENIED. PROCEDURE IS LIMITED TO THE FOLLOWING CONDITIONS - CONGENITAL, HEREDITARY OR DRUG INDUCED
0016	CLAIM/DETAIL DENIED. PROCEDURE IS LIMITED TO TRAUMA RELATED INJURIES.
0017	LONG TERM CARE DAYS BILLED IS GREATER THAN THE NUMBER OF DAYS IN BILLING MONTH.
0018	CLAIM DENIED. ACCOMMODATION/ANCILLARY CODE MISSING OR INVALID.
0019	CLAIM/DETAIL DENIED. PROCEDURE NDC MISSING/INVALID.
0020	MEDICARE DOCUMENTATION NOT ATTACHED.
0021	CLAIM DENIED. PHYSICIAN ON REPORT AND PHYSICIAN BILLING DO NOT MATCH.
0022	COVERED DAYS ARE NOT EQUAL TO ACCOMMODATION UNITS.
0023	CLAIM DENIED. NO PHYSICIAN PATIENT CONTACT.
0024	THE DETAIL BILLED AMOUNT IS MISSING OR INVALID.
0025	CLAIM SUBMITTED FOR INFORMATIONAL PURPOSE ONLY. NO PAYMENT IS TO BE MADE.
0026	CLAIM DENIED. LONG TERM CARE SUPPLEMENTAL BILLING MUST BE SUBMITTED AS AN ADJUSTMENT.
0027	CLAIM DENIED. RESUBMIT AN ADJUSTMENT ON RELATED PAID CLAIM.
0028	CLAIM/DETAIL DENIED. DATA ILLEGIBLE. PLEASE RESUBMIT.
0029	CLAIM REQUIRES DOCUMENTATION. PLEASE RESUBMIT ON PAPER. DEPENDENT ON SPECIFIC PROCEDURE CODE AND CRITERIA SET FOR REVIEW.
0030	CLAIM/DETAIL DENIED. DETAIL NUMBER OF SERVICES MISSING.
0031	CLAIM DENIED. LEVEL OF CARE MISSING. PLEASE CORRECT AND RESUBMIT.
0032	CLAIM DENIED. UNIT OF MEASURE INVALID. DOES NOT MATCH NDC UNIT OF MEASURE.
0033	NUMBER OF UNITS BILLED LESS THAN 30 FOR INSULIN SYRINGES
0034	DENIED BY MEDICARE.
0035	DETAIL DENIED. THIS SERVICE NOT PAYABLE ON THIS DATE OF SERVICE
0036	CLAIM DENIED. ONLY 1 DATE OF SERVICE ALLOWED PER CLAIM FORM.
0037	MODEL WAIVER 1 MEMBER LIMITED TO 24 HOURS OF NURSING SERVICES PER DATE OF SERVICE.
0038	CLAIM/DETAIL DENIED. REVENUE CODE INVALID FOR PLACE OF SERVICE.
0039	THIS PROCEDURE CODE IS LIMITED TO TWO UNITS OF SERVICE PER DATE OF SERVICE.
0040	CLAIM/DETAIL DENIED. TYPE OF BILL INVALID OR MISSING.

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) ...

Last Updated: 9/10/2019

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## 11 Provider Status

### 11.1 Provider Status Information

The **Provider Status Information** panel allows a user to view active provider status items from the provider file. Select the provider **NPI** and **Taxonomy** combination or the **KY Medicaid ID** from the dropdown selection to view provider status information covered in this section.

- The **Identification** panel is the provider's NPI and KY Medicaid provider number.
- The **Taxonomy** panel is the effective and end date of each taxonomy associate to the provider.

**KENTUCKY**  
 CABINET FOR HEALTH AND FAMILY SERVICES  
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)

[Provider Home](#) | [Member](#) | [Claims](#) | [PA](#) | [Provider References](#) | [RA Viewer](#) | [Logout](#)

**Provider Status Information**

Thursday 3 October 2019 11:54 am

Provider

Provider Name:

**Identification**

Provider Number	ID Type	Effective Date	End Date
	National Provider ID	02/01/1978	12/31/2299
	Medicaid Provider Number	02/01/1978	12/31/2299

[Providers that participate in Group Practice](#)

**Taxonomy**

Taxonomy	Effective Date	End Date
	02/01/1978	12/31/2299
	01/04/1978	12/31/2299
	02/01/1978	12/31/2299
	02/01/1978	12/31/2299
	02/01/1978	12/31/2299

1 2 3

- The **Group Practice** panel is each individual provider effective and end dates linked to the group name (if applicable).
- The **Contracts** panel displays the current contract effective and end dates.
- The **Licenses** panel displays the provider's license number, state issued, effective date, and end date.
- The **Revalidation** panel displays when the revalidation application is due.

Group Practice		
Group Name	Effective Date	End Date
	11/01/1997	12/31/2299
	07/01/2007	12/31/2299
	01/01/2014	12/31/2299
	01/01/2014	12/31/2299
	01/01/2014	12/31/2299

1 2

Contracts		
Contract	Effective Date	End Date
Physician	02/01/1978	12/31/2299
Prsumpt Enroll Prov	11/01/2001	12/31/2299

Licenses	
No Rows Found.	

Revalidation			
60 Day Letter Date:	12/16/2018	30 Day Letter Date:	01/15/2019
*Note: If no dates are indicated for 60 Day Letter Date and 30 Day Letter Date, you are not due for revalidation at this time.			



- The **Location Address** panel displays the provider **Physical**, **Pay To**, and **Correspondence** addresses.

Location Address		
<b>Physical Address</b>		
Address 1:		
Address 2:		
City:		
State:	Zip:	County:
Email:	Phone:	Fax:
<b>Pay-To Address</b>		
Address 1:		
Address 2:		
City:		
State:	Zip:	
Email:	Phone:	Fax:
<b>Correspondence Address</b>		
Address 1:		
Address 2:		
City:		
State:	Zip:	
Email:	Phone:	Fax:

Last Updated: 10/27/2016

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### 11.2 Provider Group Practice Hyperlink

If an individual provider is part of the Group Provider Practice, a link is available in the **Identification** section allowing the user to view active providers.

**KENTUCKY**  
 CABINET FOR HEALTH AND FAMILY SERVICES  
 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

**Provider Status Information**

Thursday 3 October 2019 11:54 am

Provider

Provider Name:

Identification			
Provider Number	ID Type	Effective Date	End Date
	National Provider ID	02/01/1978	12/31/2299
	Medicaid Provider Number	02/01/1978	12/31/2299

[Providers that participate in Group Practice](#)

The user will click on the link allowing access to the **Group Practice** information.

**KENTUCKY**  
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 KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer |  | Logout

**Providers That Participate in Group Practice**

Friday 15 August 2014 1:34 pm

**Group Practice:**

Provider Name	Effective Date	End Date
	12/10/1996	12/31/2299
	05/01/1994	12/31/2299
	09/01/2001	12/31/2299
	05/01/1994	12/31/2299
	05/01/1994	12/31/2299
	05/01/1994	12/31/2299

Last Updated: 8/11/2014

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## 12 Appendix A

### 12.1 Forms

The web site link for a blank **PIN Release** form:

[www.kymmis.com](http://www.kymmis.com)

3. Click **Electronic Claims**.
4. Click **EDI Forms**.
5. Click the link for the PIN Release Form.

### 12.2 Billing Instructions

[www.kymmis.com](http://www.kymmis.com)

6. Click **Provider Relations**.
7. Click **Billing Instructions**.
8. Click **Provider Type**.